



Health Services
LOS ANGELES COUNTY

June 19, 2007

**Los Angeles County
Board of Supervisors**

Gloria Molina
First District

Yvonne B. Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Bruce A. Chernof, MD
Director and Chief Medical Officer

John R. Cochran III
Chief Deputy Director

Robert G. Splawn, MD
Senior Medical Director

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

*To improve health
through leadership,
service and education.*



www.ladhs.org

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

THE COMMUNITY HEALTH PLAN
(All Districts) (3 Votes)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of Health Services, or his designee, (hereafter "Director") to execute Amendment No. 5 to Agreement No. H-213197, substantially similar to Exhibit I, with Alert Communications Company (Alert) for the continued provision of 24-hour telephone answering support services and the addition of outbound voice blast system services for all Community Health Plan product lines, effective July 1, 2007 through June 30, 2008, at an estimated annual maximum obligation of \$273,000, with a provision for three annual renewals through June 30, 2011, upon written mutual agreement by both parties.
2. Approve and instruct the Director to execute Amendment No. 3 to Agreement No. H-207932, substantially similar to Exhibit II, with National Medical Health Card Systems, Inc. (NMHC) for the continued provision of pharmacy benefit management services, effective July 1, 2007 through June 30, 2008, at an estimated annual maximum obligation of \$18.200 million, with a provision for a one year renewal through June 30, 2009, upon written mutual agreement by both parties.
3. Approve and instruct the Director to: a) execute Amendment No. 1 to Agreement No. H-207541, substantially similar to Exhibit III, with PacifiCare Behavioral Health of California, Inc. (PacifiCare), for the continued provision of behavioral health services to members of the Personal Assistance Services Council-Service Employees International Union (PASC-SEIU) Homecare Workers Health Care Plan, effective July 1, 2007 through June 30, 2008, at an estimated annual maximum obligation of \$2.574 million, with provision for three annual renewals through June 30, 2011, upon written mutual agreement by both parties, and b) delegate authority to the Director to execute an Approval of Delegation of Duties and Assignment of Rights of Agreement from PacifiCare to United Behavioral Health (United) upon United's full licensure from the State Department of Managed Health Care to operate as a Knox-Keene organization in California, which is expected to be completed by the end of 2007.
4. Delegate authority to the Director to execute future Amendments to Alert, NMHC, and PacifiCare during the extension terms of the Agreements to: a) incorporate new or revised County standard provisions, b) make appropriate changes to the Agreements to improve clarity and/or correct errors and

omissions, and c) adjust rates as appropriate to conform with industry guidelines and practices that apply to the activities described in each Agreement, subject to review and approval by County Counsel and the Chief Administrative Office.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS:

The Department of Health Services (DHS or Department) is recommending approval of the above actions to ensure the continued provision of: a) 24-hour telephone answering support services, and b) pharmacy benefit management (PBM) services for all CHP product lines, and c) behavioral health services for Members of the PASC-SEIU Homecare Workers Health Care Plan.

The Department is also recommending approval of the addition of outbound voice blast services with Alert. As the dynamics of the healthcare industry continue to evolve, the CHP has recognized the need for a more efficient and effective way to serve its members than the traditional telephone call delivery system. The outbound phone blast system is an automated broadcast system that allows sending pre-recorded messages simultaneously to hundreds of targeted CHP members quickly and permits CHP to immediately evaluate results. For the initial implementation of the service, the CHP will launch campaign calls that are focused on: a) member retention by welcoming new CHP members and providing them with information about CHP, b) well child care and well care, including Initial Health Assessment, programs to reinforce the importance of preventive health screening and encourage members to access care, and c) appointment reminder calls to remind members to keep their appointments and doctors visits. The implementation of this service will reduce the costs and length of time associated with traditional "live operators", and increase awareness by members about CHP and the programs it offers, thus improving member satisfaction and CHP compliance with State and other regulatory requirements, e.g. Health Plan Employer Data and Information Set, encounter data, etc.

By delegating authority to the Department to execute future Amendments to Alert, NMHC, and PacifiCare, required County standard provisions can be incorporated into the pertinent Agreements with no delay, that changes in operational and programmatic requirements, as well as adjustments in financial consideration, are implemented quickly for the provision of services to CHP Members.

FISCAL IMPACT/FINANCING:

The total County estimated annual maximum obligation is \$21,047,000, of which \$273,000 is for Alert, \$18,200,000 is for NMHC, and \$2,574,000 is for PacifiCare. Funding is 100% revenue offset by State, federal, and local funds received from L.A. Care Health Plan for Medi-Cal Managed Care Program, State's Managed Risk Medical Insurance Board for Healthy Families Program, Personal Assistance Services Council (PASC) for the PASC-SEIU Homecare Worker Health Care Plan, and premiums collected through the County's health plan for County Temporary Employees.

Calculations of the estimated annual maximum obligations for the above Amendments are based on projected increases in member enrollments across all product lines per the Office of Managed Care/Community Health Plan's proposed Strategic Planning for Fiscal Year 2007-2008. The increase in the estimated maximum obligation for Alert is due to the cost of the outbound voice blast service projected at \$156,000 annually. The increase for NMHC is a result of a projected 8% nationwide pharmaceutical inflation rate.

The rates are on file with the Office of Managed Care and are confidential. The payment rates have been shared with each Board Office, the Chief Administrative Office, and County Counsel.

Funding and offsetting revenue has been requested in the Fiscal Year 2007-08 Final Change Budget Request and will be requested in future fiscal years.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

The CHP is a full-service Knox-Keene licensed (1985) and federally qualified Health Maintenance Organization (1988) publicly operated by the County of Los Angeles and administered by the Department's Office of Managed Care, providing health services at low or no cost through the Medi-Cal Managed Care Program, Healthy Families Program, and PASC-SEIU Homecare Worker Health Care Plan.

Alert

On November 20, 2001, the Board approved the agreement for the provision of 24-hour telephone answering support services to permit CHP Members and providers from Medi-Cal Managed Care Program/County Temporary Employee Program, Healthy Families Program, and PASC-SEIU Homecare Worker Health Care Plan to use 24-hour telephone answering support services relating to member eligibility, health care, urgent care and emergency services as required under CHP's Knox-Keene license.

On several subsequent occasions, the Board approved Amendments to the Agreement to supplement funding and extend the term through June 30, 2007. The Department is recommending an extension of the Agreement term effective July 1, 2007 through June 30, 2008, with a provision for three annual renewals through June 30, 2011, upon mutual written agreement by both parties.

NMHC

On November 19, 2002, the Board approved a sole source Agreement with Pharmaceutical Care Network (PCN) for the provision of pharmaceutical benefit management services for CHP and its Countywide pharmacy network consisting of: 1) on-line claims processing and adjudication for the CHP pharmacy network; 2) claims monitoring; 3) CHP pharmacy network maintenance and credentialing; 4) drug utilization review; and 5) provision of various administrative, financial and drug utilization reports. On June 29, 2004, the Board approved Amendment No. 1 to the Agreement for the extension of pharmaceutical benefit management services through June 30, 2007. Subsequently on June 21, 2005, the Board approved Amendment No. 2 delegating the duties and assigning the rights of the Agreement with PCN to NMHC, as a result of PCN's acquisition by NMHC.

The Department is recommending an extension of the agreement for one year effective July 1, 2007, with a provision for a one year renewal through June 30, 2009, upon mutual written agreement by both parties.

PacifiCare

On June 18, 2002, the Board approved a sole source Agreement with PacifiCare Behavioral Health of California, Inc. for required behavioral health services for members of the PASC-SEIU Homecare Workers Health Care Plan, effective July 1, 2002 through June 30, 2007. The Department is recommending an extension of the term of the Agreement through June 30, 2008, with a provision for three annual renewals through June 30, 2011, upon mutual agreement by both parties.

On December 27, 2005, United Health Group, a Minnesota-based company that owns United Behavioral Health, purchased PacifiCare Health Systems, the principal owner of PacifiCare. Since then, PacifiCare's operations have been informally merged with United Behavioral Health pending the successful

completion and receipt of full licensure from the State Department of Managed Health Care to operate as a Knox-Keene organization in California, which is expected to be completed by the end of 2007. Upon receipt of the necessary licensing and other pertinent contract documents, the Department intends to delegate the Agreement with PacifiCare to United Behavioral Health effective upon full execution of the Assignment and Delegation Amendment by all parties.

Attachment A provides additional information.

Exhibits I, II, and III have been approved as to form by County Counsel.

CONTRACTING PROCESS:

NMHC, formerly PCN, was selected on a sole source basis. The company is exclusively involved with the business of prescription drug program management and administering managed care pharmacy programs, including the maintenance of network contracted pharmacies, pharmacy claims administration, and preparation of prescription drug management and utilization.

The sole source Agreement with PacifiCare is required to comply with the PASC-SEIU Homecare Health Care Plan health benefits.

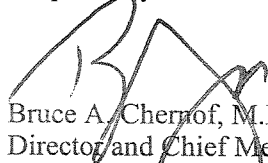
Each of the agreements was a result of a sole source selection process. The Sole Source Letters for each Agreement are on file with the Department.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

The services provided to CHP members will continue uninterrupted.

When approved, this Department requires four signed copies of the Board's actions.

Respectfully submitted,



Bruce A. Chernof, M.D.
Director and Chief Medical Officer

BAC:ln/ss
BL - OMC CHP.ds.wpd

Attachments (4)

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors

SUMMARY OF AGREEMENTS

1. Type of Services:

Alert Communications Company (Alert)

24-Hour Telephone Answering Support Services and Outbound Voice Blast System

National Medical Health Card Systems, Inc. (NMHC)

Pharmacy Benefit Management (PBM) Services for the CHP Countywide network includes: 1) on-line claims processing and adjudication for CHP; 2) claims monitoring; 3) CHP pharmacy network maintenance and credentialing; 4) drug utilization review; and 5) provision of various administrative, financial, and drug utilization reports. The CHP pharmacy network includes County operated pharmacies and NMHC's subcontracted pharmacies.

PacifiCare Behavioral Health of California, Inc. (PacifiCare)

Behavioral Health Services

2. Agency and Contact Person:

Alert Communications Company
5515 York Boulevard
Los Angeles, California 90042
Attention: John Houssman, CFO
Telephone: (323) 254-7174

National Medical Health Cards Systems, Inc.
23 British American Boulevard
Latham, NY 12110
Attention: Patrick McLaughlin, President
Telephone: (518) 213-1609

PacifiCare Behavioral Health of California, Inc.
7632 South West Durham Road, Suite 300
Tigard, Oregon 97224
Attention: Thomas Woodruff, Account Director
Telephone: (503) 603-3143

3. Term:

Contractor	Agreement No./ Amendment No.	Term / Effective Date
Alert	H-213197 / Amendment No. 5	July 1, 2007 through June 30, 2008, with provisions for three annual renewals through June 30, 2011, upon mutual agreement by both parties.
NMHC	H-207932 / Amendment No. 3	July 1, 2007 through June 30, 2008, with provision for one year renewal through June 30, 2009, upon mutual written agreement by both parties.
PacifiCare	H-207541 / Amendment No. 1	July 1, 2007 through June 30, 2008, with provisions for three annual renewals through June 30, 2011, upon mutual written agreement by both parties.

4. Financial Information:

The total County estimated annual maximum obligation is \$21,047,000, of which \$273,000 is for Alert, \$18,200,000 is for NMHC, and \$2,574,000 is for PacifiCare. Funding is 100% revenue offset by State, Federal, and local funds received from L.A. Care Health Plan for Medi-Cal Managed Care Program, State's Managed Risk Medical Insurance Board for Healthy Families Program, Personal Assistance Services Council (PASC) for the PASC-SEIU Homecare Worker Health Care Plan, and premiums collected through the County's health plan for County Temporary Employees.

Calculations of the estimated annual maximum obligations for the above Amendments are based on projected increases in member enrollments across all product lines per the Office of Managed Care/Community Health Plan's proposed Strategic Planning for Fiscal Year 2007-2008. .

The rates are on file with the Office of Managed Care and are confidential. The payment rates have been shared with each Board Office, the Chief Administrative Office, and County Counsel.

Funding and offsetting revenue has been requested in the Fiscal Year 2007-08 Final Change Budget Request and will be requested in future fiscal years.

5. Geographical Area To Be Served:

All Districts.

6. Accountable for Monitoring:

Office of Managed Care

7. Approvals:

Office of Managed Care: Teri Lauenstein, Director

Contract Administration: Cara O'Neill, Chief

County Counsel: Eddie Yen, Deputy County Counsel

EXHIBIT III

Contract # H-207541

COMMUNITY HEALTH PLAN SERVICES AGREEMENT
BEHAVIORAL HEALTH SERVICES

Amendment No. 1

THIS AMENDMENT is made and entered into this _____ day
of _____, 2007

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

PACIFICARE BEHAVIORAL HEALTH
OF CALIFORNIA, INC.
(hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled
"COMMUNITY HEALTH PLAN SERVICES AGREEMENT BEHAVIORAL HEALTH
SERVICES", dated November June 18, 2002, identified as Agreement
No. H-207541 (hereafter "Agreement"); and

WHEREAS, the parties wish to extend the term of the
Agreement; and

WHEREAS, Agreement provides that changes may be made in the
form of a written amendment which is formally approved and
executed by both parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall become effective July 1, 2007
through June 30, 2008, unless terminated earlier pursuant to the
provisions of this Agreement.

2. Agreement Paragraph 2, TERM OF AGREEMENT, shall be revised to read as follows:

"1. TERM OF AGREEMENT: The term of this Agreement is effective July 1, 2002 and shall continue, unless sooner canceled or terminated as provided herein, in full force and effect to and including June 30, 2008, with provisions for one-year renewals for three years through June 30, 2011, upon written mutual agreement by both parties."

3. Agreement Paragraph 3, SUSPENSION AND TERMINATION OF AGREEMENT, GENERAL, Sub-paragraph E, shall be revised to read as follows:

"E. Subparagraphs A., B., C., and D. hereof notwithstanding, either party may cancel or terminate this Agreement at any time and for any reason, with or without cause, by giving at least one-hundred twenty (120) calendar days prior written notice thereof to the other party in accordance with the NOTICES Paragraph of the Agreement."

4. Agreement ADDITIONAL PROVISIONS Paragraph 14, PROHIBITION AGAINST ASSIGNMENT AND DELEGATION, shall be replaced in its entirety to read as follows:

"14. PROHIBITION AGAINST ASSIGNMENT AND DELEGATION:

A. The Contractor shall not assign its rights or delegate its duties under this Contract, or both, whether in whole or in part, without the prior written consent of

County, in its discretion, and any attempted assignment or delegation without such consent shall be null and void. For purposes of this paragraph, County consent shall require a written amendment to the Contract, which is formally approved and executed by the parties. Any payments by the County to any approved delegatee or assignee on any claim under this Contract shall be deductible, at County's sole discretion, against the claims, which the Contractor may have against the County.

B. Shareholders, partners, members, or other equity holders of Contractor may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. However, in the event any such sale, transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of the Contract, such disposition is an assignment requiring the prior written consent of County in accordance with applicable provisions of this Contract.

C. If any assumption, assignment, delegation, or takeover of any of the Contractor's duties, responsibilities, obligations, or performance of same by any entity other than the Contractor, whether through

assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, shall be a material breach of the Contract which may result in the termination of this Contract. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor."

5. Agreement ADDITIONAL PROVISIONS Paragraph 46, CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM, shall be replaced in its entirety to read as follows:

"46. CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM: Contractor acknowledges that County has established a goal of ensuring that all individuals who benefit financially from County through County contracts are in compliance with their court-ordered child, family, and spousal support obligations in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.

As required by County's Child Support Compliance Program (County Code Chapter 2.200) and without limiting Contractor's duty under this Agreement to comply with all applicable provisions of law, Contractor warrants that it is

now in compliance and shall during the term of this Agreement maintain compliance with employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code Section 1088.55, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department ("CSSD") Notices of Wage and Earnings Assignment for Child or Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code Section 5246(b)."

6. Agreement ADDITIONAL PROVISIONS Paragraph 47, TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM, shall be replaced in its entirety to read as follows:

"47. TERMINATION FOR BREACH OF WARRANTY TO MAINTAIN COMPLIANCE WITH COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM:
Failure of Contractor to maintain compliance with the requirements set forth in the CONTRACTOR'S WARRANTY OF ADHERENCE TO COUNTY'S CHILD SUPPORT COMPLIANCE PROGRAM Paragraph immediately above, shall constitute a default by Contractor under this Agreement. Without limiting the rights and remedies available to County under any other provision of this Agreement, failure to cure such default within ninety (90) calendar days of written notice by the

Los Angeles County Child Support Services Department shall be grounds upon which County's Board of Supervisors may terminate this Agreement pursuant to the TERM Paragraph of this Agreement, and pursue debarment of Contractor, pursuant to County Code Chapter 2.202."

7. Agreement ADDITIONAL PROVISIONS Paragraph 48, CONTRACTOR'S ACKNOWLEDGMENT OF COUNTY'S COMMITMENT TO CHILD SUPPORT ENFORCEMENT, shall be replaced in its entirety to read as follows:

"48. CONTRACTOR'S ACKNOWLEDGMENT OF COUNTY'S COMMITMENT TO CHILD SUPPORT ENFORCEMENT: Contractor acknowledges that County places a high priority on the enforcement of child support laws and the apprehension of child support evaders. Contractor understands that it is County's policy to encourage all County Contractors to voluntarily post County's L.A.'s Most Wanted: Delinquent Parents poster in a prominent position at Contractor's place of business. The Los Angeles County Child Support Services Department will supply Contractor with the poster to be used."

8. Agreement ADDITIONAL PROVISIONS Paragraph 52, CONTRACTOR RESPONSIBILITY AND DEBARMENT, shall be replaced in its entirety to read as follows:

"52. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the Agreement. It is the County's policy to conduct business only with responsible contractors.

B. Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if County acquires information concerning the performance of Contractor on this or other contracts which indicates that Contractor is not responsible, County may, in addition to other remedies provided in this Agreement, debar Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a specified period of time, which generally will not exceed five (5) years or be permanent if warranted by the circumstances, and terminate any or all existing contracts Contractor may have with County.

C. County may debar Contractor if the Board of Supervisors finds, in its discretion, that Contractor has done any of the following: (1) violated a term of a contract with County or a nonprofit corporation created by County, (2) committed an act or omission which negatively reflects on Contractor's quality, fitness or capacity to perform a contract with County, any other public entity, or a

nonprofit corporation created by County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against County or any other public entity.

D. If there is evidence that Contractor may be subject to debarment, Director will notify Contractor in writing of the evidence that is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or the Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether Contractor should be debarred, and, if so, the appropriate length of time of the debarment. Contractor and the Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

F. After consideration of any objections, or if no

objections are submitted, a record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Hearing Board.

G. If a Contractor has been debarred for a period longer than five years, that Contractor may, after the debarment has been in effect for at least five years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of County.

H. The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) Contractor has been debarred for a period longer than five years; (2) the debarment has been in effect for at least five years; and (3) the request is in writing, states

one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures for a debarment hearing.

The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

I. These terms shall also apply to Subcontractors of County Contractors."

9. Agreement ADDITIONAL PROVISIONS Paragraph 55, NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED BABY LAW, shall be added to the Agreement to read as follows:

"55. NOTICE TO EMPLOYEES REGARDING THE SAFELY SURRENDERED LAW: The Contractor shall notify and provide to its employees, and shall require each subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in Los Angeles County, and where and how to safely surrender a baby. Attached hereto and incorporated herein is the fact sheet and is also available on the Internet at www.babysafela.org for printing purposes."

10. Agreement ADDITIONAL PROVISIONS Paragraph 56, CONTRACTOR'S ACKNOWLEDGMENT OF COUNTY'S COMMITMENT TO THE SAFELY SURRENDERED BABY LAW, shall be added to the Agreement to read as follows:

"56. CONTRACTOR'S ACKNOWLEDGMENT OF COUNTY'S COMMITMENT TO THE SAFELY SURRENDERED BABY LAW: The Contractor acknowledges that the County places a high priority on the implementation of the Safely Surrendered Baby Law. The Contractor understands that it is the County's policy to encourage all County Contractors to voluntarily post the County's "Safely Surrendered Baby Law" poster in a prominent position at the Contractor's place of business. The Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor's place of business. The County's Department

of Children and Family Services will supply the Contractor with the poster to be used."

11. Agreement ADDITIONAL PROVISIONS Paragraph 57, CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76), shall be added to the Agreement to read as follows:

"57. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION-LOWER TIER COVERED TRANSACTIONS (45 C.F.R. PART 76): Contractor hereby acknowledges that the County is prohibited from contracting with and making sub-awards to parties that are suspended, debarred, ineligible, or excluded or whose principals are suspended, debarred, ineligible, or excluded from securing federally funded contracts. By executing this Agreement, Contractor certifies that neither it nor any of its owners, officers, partners, directors or other principals is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Further, by executing this Agreement, Contractor certifies that, to its knowledge, none of its subcontractors, at any tier, or any owner, officer, partner, director or other principal of any subcontractor is currently suspended, debarred, ineligible, or excluded from securing federally funded contracts. Contractor shall immediately notify County in writing,

during the term of this Agreement, should it or any of its subcontractor or any principals of either be suspended, debarred, ineligible, or excluded from securing federally funded contracts. Failure of Contractor to comply with this provision shall constitute a material breach of this Agreement upon which the County may immediately terminate or suspend this Agreement."

12. Agreement ADDITIONAL PROVISIONS Paragraph 58, NON-PAYMENT FOR SERVICES FOLLOWING EXPIRATION/TERMINATION OF AGREEMENT, shall be added to the Agreement to read as follows:

"58. NON-PAYMENT FOR SERVICES FOLLOWING EXPIRATION/TERMINATION OF AGREEMENT: Contractor shall have no claim against County for payment of any money or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Should Contractor receive such payment it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration /termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement. This provision shall not restrict Contractor's right to receive reimbursement for services provided as set forth in the

CONTINUING CARE RESPONSIBILITIES Paragraph of Exhibit A, and under California Health and Safety Code Sections 1317 and 1373.96, and any other applicable Federal and State law and regulation. This provision also shall not restrict Contractor's right to receive reimbursement for services provided after the expiration or termination of this Agreement which, prior to the expiration or termination of the Agreement, were authorized to be performed."

13. Exhibit A, DESCRIPTION OF SERVICES, Paragraph 1, CONTRACTOR RESPONSIBILITIES, Sub-paragraph G shall be revised in part to read as follows:

"Contractor shall provide the CHP with an updated provider information list at least ninety (90) calendar days prior to any deletion or addition of a provider rendering covered behavioral health services under this Agreement."

14. Exhibit A, DESCRIPTION OF SERVICES, Paragraph 1, CONTRACTOR RESPONSIBILITIES, Sub-paragraph I shall be revised to read as follows:

"I. No provision of this Agreement shall be construed to prohibit, nor shall any provision in any contract between Contractor and its employees or subcontractors prohibit the free, open, and unrestricted exchange or any or all information of any kind between health care providers and Members regarding the nature of the Member's medical

condition, the health care treatment options and alternatives available and their relative risks and benefits, whether or not covered or excluded under the Member's health plan, and the Member's right to appeal any adverse decision made by Contractor or CHP regarding coverage of treatment which has been recommended or rendered. Moreover, Contractor shall not penalize nor sanction any health care provider in any way for engaging in such free, open, and unrestricted communications with a Member nor for advocating for a particular service on a Member's behalf."

15. Exhibit A, DESCRIPTION OF SERVICES, Paragraph 2, BEHAVIORAL HEALTH SERVICES, Sub-paragraph D-1) shall be revised in part to read as follows:

"Contractor will submit an attestation that all service sites meet the CHP's certification survey criteria and a list of each of its Participating Provider's facilities where covered behavioral health services will be provided to Members annually thereafter to ensure compliance with certification requirements. Contractor may not add or delete a facility without giving prior written notice of at least ninety (90) calendar days to the CHP's Provider Relations Office."

16. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

Director of Health Services, and Contractor has caused this
Amendment to be subscribed in its behalf by its duly authorized
officers, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Bruce A. Chernof, M.D.
Director and Chief Medical Officer

PACIFICARE BEHAVIORAL
HEALTH OF CALIFORNIA, INC.

Contractor

By _____
Signature

Print Name

Title

(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants Division

EXHIBIT II

Contract # H-207932-3

COMMUNITY HEALTH PLAN
PHARMACY BENEFIT MANAGEMENT SERVICES

Amendment No. 3

THIS AMENDMENT is made and entered into this _____ day
of _____, 2007

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

NATIONAL MEDICAL HEALTH CARD
SYSTEMS, INC. (hereafter
"NMHC").

WHEREAS, reference is made to that certain document entitled
"COMMUNITY HEALTH PLAN PHARMACY BENEFIT MANAGEMENT SERVICES
AGREEMENT", dated November 19, 2002, as amended and further
identified as Agreement No. H-207932 (hereafter "Agreement"); and

WHEREAS, the parties wish to extend the term of the
Agreement; and

WHEREAS, Agreement provides that changes may be made in the
form of a written amendment which is formally approved and
executed by both parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall become effective July 1, 2007
through June 30, 2008, unless terminated earlier pursuant to the
provisions of this Agreement.

2. Agreement Paragraph 2, TERM OF AGREEMENT, shall be

revised to read as follows:

"2. TERM OF AGREEMENT: The term of this Agreement shall be effective November 19, 2002, and shall continue, unless sooner canceled or terminated as provided herein, in full force and effect to and including June 30, 2008, with provision for one-year renewal through June 30, 2009, upon written mutual agreement by both parties."

3. Agreement ADDITIONAL PROVISIONS Paragraph 12, PROHIBITION AGAINST ASSIGNMENT AND DELEGATION, shall be replaced in its entirety to read as follows:

"12. PROHIBITION AGAINST ASSIGNMENT AND DELEGATION:

A. The Contractor shall not assign its rights or delegate its duties under this Contract, or both, whether in whole or in part, without the prior written consent of County, in its discretion, and any attempted assignment or delegation without such consent shall be null and void. For purposes of this paragraph, County consent shall require a written amendment to the Contract, which is formally approved and executed by the parties. Any payments by the County to any approved delegatee or assignee on any claim under this Contract shall be deductible, at County's sole discretion, against the claims, which the Contractor may have against the County.

B. Shareholders, partners, members, or other equity holders of Contractor may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. However, in the event any such sale, transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of the Contract, such disposition is an assignment requiring the prior written consent of County in accordance with applicable provisions of this Contract.

C. If any assumption, assignment, delegation, or takeover of any of the Contractor's duties, responsibilities, obligations, or performance of same by any entity other than the Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, shall be a material breach of the Contract which may result in the termination of this Contract. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor."

4. Agreement ADDITIONAL PROVISIONS Paragraph 35,

CONTRACTOR RESPONSIBILITY AND DEBARMENT, shall be replaced in entirety to read as follows:

"35. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily perform the Agreement. It is the County's policy to conduct business only with responsible contractors.

B. Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if County acquires information concerning the performance of Contractor on this or other contracts which indicates that Contractor is not responsible, County may, in addition to other remedies provided in this Agreement, debar Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a specified period of time, which generally will not exceed five (5) years or be permanent if warranted by the circumstances, and terminate any or all existing contracts Contractor may have with County.

C. County may debar Contractor if the Board of Supervisors finds, in its discretion, that Contractor has done any of the following: (1) violated a term of a contract with County or a nonprofit corporation created by County, (2) committed an act or omission which negatively reflects

on Contractor's quality, fitness or capacity to perform a contract with County, any other public entity, or a nonprofit corporation created by County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or submitted a false claim against County or any other public entity.

D. If there is evidence that Contractor may be subject to debarment, Director will notify Contractor in writing of the evidence that is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or the Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether Contractor should be debarred, and, if so, the appropriate length of time of the debarment. Contractor and the Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to

the Board of Supervisors.

F. After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Hearing Board.

G. If a Contractor has been debarred for a period longer than five years, that Contractor may, after the debarment has been in effect for at least five years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of County.

H. The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) Contractor has been debarred for a period longer than

five years; (2) the debarment has been in effect for at least five years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor hearing Board will provide notice of the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures for a debarment hearing.

The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

I. These terms shall also apply to Subcontractors of County Contractors."

5. Exhibit A, DESCRIPTION OF SERVICES, Paragraph 1,

CONTRACTOR RESPONSIBILITIES, Sub-paragraph A-(1) shall be revised to read as follows:

"A. CHP Pharmacy Network Services:

(1) Contractor shall develop, implement, and maintain an on-line, network of Subcontracted Pharmacies, County-Contracted Pharmacies, and County-Operated Pharmacies, including without limitation, a Mail Order Pharmacy Service and Specialty Pharmacy Service (collectively hereafter "CHP Pharmacy Network"), that are available to provide services to CHP Members enrolled under all CHP Product Lines.

6. Exhibit C, SPECIALTY PHARMACY SERVICE ADDENDUM, shall be added to the Agreement, attached and incorporated herein by reference, to provide additional information and clarification regarding the implementation of the Specialty Pharmacy Service."

7. SCHEDULE B-3, PHARMACEUTICAL RATE SCHEDULE, Paragraph 3, SPECIALTY SERVICE PHARMACY CLAIM RATES, shall be revised to read as follows:

"3. SPECIALTY SERVICE PHARMACY CLAIM RATES.

County shall pay Contractor for each claim submitted by Contractor's specialty service pharmacy subsidiary in accordance with specialty pharmacy pricing list contained in Exhibit C, SPECIALTY PHARMACY SERVICE ADDENDUM attached and incorporated herein by

reference."

8. SCHEDULE B-5, SPECIALTY INJECTABLE DISCOUNT PRICING, shall be deleted in entirety.

9. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

/

Director of Health Services, and Contractor has caused this
Amendment to be subscribed in its behalf by its duly authorized
officers, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Bruce A. Chernof, M.D.
Director and Chief Medical Officer

NATIONAL MEDICAL HEALTH
CARD SYSTEMS, INC.
Contractor

By _____
Signature

Print Name

Title

(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants Division

EXHIBIT C

SPECIALTY PHARMACY SERVICE ADDENDUM

This addendum ("Addendum") dated as of _____, 2007 and effective the later of (i) _____, 2007, or (ii) within fifteen (15) business days following receipt of this signed Addendum, or (iii) the first day of the next billing cycle following NMHC's receipt of this signed Addendum amends that certain agreement dated as of November 19, 2002, as amended to date (the "Agreement") by and between NATIONAL MEDICAL HEALTH CARD SYSTEMS, INC. d/b/a NMHC on behalf of itself and its subsidiaries (the "Manager") and County of Los Angeles dba COMMUNITY HEALTH PLAN (CHP) (the "Client").

The Agreement includes all Amendments to the Client's plan or services that the parties agree to from time to time. Except as expressly provided in this Addendum, all capitalized terms used herein shall have the meanings set forth in the Agreement.

The parties wish to amend the Agreement to provide for specialty pharmacy service benefits for CHP Members under all CHP's product lines. Accordingly, the parties agree as follows:

1. **Services.** The Manager shall provide the Client with its specialty pharmacy service program delivered through NMHC Ascend as follows:

1.1. The Manager shall receive prescriptions from Client contracted Medical Group/Independent Physician Association (MG/IPA) via the U.S. mail or commercial carrier at an address specified by the Manager from time to time. The Manager's specialty pharmacy will dispense prescription drugs in accordance with those prescriptions and mail the prescription drugs to directly to the MG/IPA mailing addresses to be provided by the Client.

1.2. The Manager's specialty pharmacy will provide to MG/IPA toll-free, 24/7 telephone access to a pharmacist and customer service representative.

1.3 The Client acknowledges that the Manager's specialty program may from time to time conduct therapeutic interchanges in accordance with applicable law, and Client approval.

2. **Implementation.** The following guidelines shall apply to the implementation of the specialty pharmacy services program:

2.1 The Manager shall provide to the Client promotional materials that explain to MG/IPA how to use the mail program, as well as any other materials MG/IPA may require to begin using the specialty program and the Client shall distribute such information to MG/IPA.

2.2 The Client shall include in its submission of the Monthly Member Eligibility File information whether Care Network (otherwise referred to as MG/IPA) is assuming risks for injectable medications or not. For purposes of this Addendum, Manager shall only be providing specialty pharmacy services to MG/IPAs identified in the eligibility file as not assuming the risks for injectable medications.

2.3 The medical necessity and benefit utilization review and authorization functions related to specialty pharmacy services shall be provided by Client's contracted MG/IPA as part of the Client's delegated Utilization Review Programmatic function. CHP Medical Director reserves the right to provide the final decision for the benefit authorization.

2.4 Prior to the implementation of the program, Manager shall provide Client with Specialty Pharmacy Report specifications, in electronic format, for review and approval by Client. Manager shall provide Client via electronic transmission a copy of the Specialty Pharmacy report on a quarterly basis, in a mutually agreed format.

3. **Agreement.** On and after the date of this Addendum, each reference to the Agreement shall mean the Agreement as amended hereby. Except as specifically amended hereby, the Agreement shall remain in full force and effect and is hereby ratified and confirmed. Except as expressly provided herein, the execution, delivery, and effectiveness of this Addendum shall not operate as a waiver of any right, power, or remedy of either party pursuant to the Agreement existing as of the date hereof, nor constitute a waiver of any other provision of the Addendum.

4. **Pricing.** The Manager's specialty pharmacy pricing terms are set forth in Exhibit A attached to this Addendum. Only the specialty drugs specified in the list provided by the Manager to the Client, which list may be amended from time to time by the Manager, shall be subject to the pricing terms set forth in Exhibit A. Certain drugs that become available on the market from time to time will not be subject to the specialty pharmacy pricing rate due to, among other things, a drug's high cost, nominal or negative margin or extraordinary shipping requirements. The Manager shall provide the Client with an updated specialty drugs list on a quarterly basis.

5. **The Manager Specialty Discounts.** The Client acknowledges that the Manager's specialty pharmacy may negotiate discounts directly with manufacturers, particularly manufacturers of generic pharmaceuticals. Because the Manager's specialty pharmacy is serving the Manager's customers in a pharmacy provider capacity, these discounts are not considered rebates but, instead, are used to permit the Manager to offer reimbursement rates to customers which are competitive with retail pharmacies and other mail service pharmacies, which also receive such discounts. The Client agrees that the term "rebates" as used in the Agreement does not include any such amounts received by the Manager through its specialty program and such amounts shall belong exclusively to the Manager.

7. **Counterparts.** This Addendum may be executed in any number of identical counterparts, any set of which signed by the parties hereto shall be deemed and constitute a complete, executed original for all purposes.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their respective duly authorized officers or agents as of the date first above written.

CLIENT / COMMUNITY HEALTH PLAN

NATIONAL MEDICAL HEALTH CARD
SYSTEMS, INC.

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

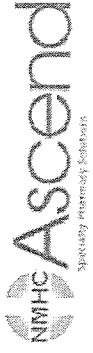
Date: _____


EXHIBIT A

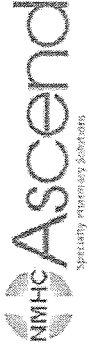
SPECIALTY PHARMACY PRICING


Specialty Pricing. Specialty drugs will be priced in accordance with the rates set forth in the Specialty drug list schedule attached hereto.

Specialty Drug List. The attached Specialty drug list may be modified from time to time to include or exclude drugs in a disease state.

		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING				
Jul-07		EXCLUSIVE				
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC
CROHN'S						
	Remicade 100mg 10ml PDI	Remicade	Infliximab Recombinant	57894003001	52505040002120	17.5%
	Humira 40mg/0.8ml Pen	Humira	Adalimumab	00074433902	66270015006420	18.0%
	Humira 40mg/0.8ml Crohn's Pack	Humira	Adalimumab	00074433906	66270015006420	18.0%
CYSTIC FIBROSIS						
	Pulmozyme 2.5ml Amps	Pulmozyme	Deoxyribonuclease Alfa	50242010040	45304020002010	17.5%
	TOBI 300mg Ampmh	TOBI	Tobramycin/NaCl 0.2%	53905006501	7000070002520	17.5%
GAUCHER'S						
	Ceredase 10U/ml	Ceredase	Aglucerase	58468178101	82700020002005	12.0%
	Cerezyme 200 units	Cerezyme	Imiglucerase	58468198301	82700050002110	12.0%
	Cerezyme 400 units	Cerezyme	Imiglucerase	58468466301	82700050002120	12.0%
GROWTH HORMONE						
	Genotropin 13.8mg /ml	Genotropin	Somatropin	00013264681	30100020002134	18.0%
	Genotropin 13.8mg /ml	Genotropin	Somatropin	00013264694	30100020002134	18.0%
	Genotropin 5.8mg /ml	Genotropin	Somatropin	00013262681	30100020002123	18.0%
	Genotropin 5.8mg /ml	Genotropin	Somatropin	00013262694	30100020002123	18.0%
	Genotropin MiniQuick 0.2mg	Genotropin	Somatropin	00013264902	30100020002166	18.0%
	Genotropin MiniQuick 0.4mg	Genotropin	Somatropin	00013265002	30100020002168	18.0%
	Genotropin MiniQuick 0.6mg	Genotropin	Somatropin	00013265102	30100020002170	18.0%
	Genotropin MiniQuick 0.8mg	Genotropin	Somatropin	00013265202	30100020002172	18.0%
	Genotropin MiniQuick 1.0mg	Genotropin	Somatropin	00013265302	30100020002174	18.0%
	Genotropin MiniQuick 1.2mg	Genotropin	Somatropin	00013265402	30100020002176	18.0%
	Genotropin MiniQuick 1.4mg	Genotropin	Somatropin	00013265502	30100020002178	18.0%
	Genotropin MiniQuick 1.6mg	Genotropin	Somatropin	00013265602	30100020002180	18.0%
	Genotropin MiniQuick 1.8mg	Genotropin	Somatropin	00013265702	30100020002182	18.0%
	Genotropin MiniQuick 2.0mg	Genotropin	Somatropin	00013265802	30100020002184	18.0%
	Humatrope 12mg	Humatrope	Somatropin	00002809001	30100020002132	18.0%
	Humatrope 24mg	Humatrope	Somatropin	00002809101	30100020002150	18.0%
	Humatrope 5mg	Humatrope	Somatropin	0000273516	30100020002120	18.0%
	Humatrope 6mg	Humatrope	Somatropin	00002808901	30100020002125	18.0%
	Norditropin 15mg/1.5ml	Norditropin	Somatropin	00169777011	30100020002062	18.0%
	Norditropin 15mg/1.5ml Pen	Norditropin	Somatropin	00169770811	30100020002062	18.0%
	Norditropin 5mg/1.5ml	Norditropin	Somatropin	00169776811	30100020002050	18.0%

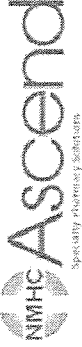
		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING					
Jul-07		EXCLUSIVE					
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC	DISP FEE
	Norditropin 5mg/1.5ml Pen	Norditropin	Somatropin	00169770411	30100020002050	18.0%	\$0.00
	Nutropin 5mg Vial	Nutropin	Somatropin	50242007203	30100020002121	18.0%	\$0.00
	Nutropin 10mg Vial	Nutropin	Somatropin	50242001821	30100020002140	18.0%	\$0.00
	Nutropin AQ 10mg Vial	Nutropin	Somatropin	50242002220	30100020002020	18.0%	\$0.00
	Nutropin AQ Pen Cart.10mg	Nutropin	Somatropin	50242004314	30100020002020	18.0%	\$0.00
	Saizen 5mg	Saizen	Somatropin	44087100502	30100020102120	18.0%	\$0.00
	Saizen 8.8mg	Saizen	Somatropin	44087108801	30100020102130	18.0%	\$0.00
	Saizen 8.8mg Cart. ClickEze	Saizen	Somatropin	44087108001	30100020102130	18.0%	\$0.00
	Tev-Tropin 5mg vial	Tev-Tropin	Somatropin	57844071319	30100020002121	12.0%	\$0.00
	Zorbtive 8.8mg Vial	Zorbtive	Somatropin	44087338807	30100020102132	18.0%	\$0.00
HEMOPHILIA							
	Advate 250iu	Advate	Factor 8	00944294001	85100010256420	28.0%	\$0.00
	Advate 500iu	Advate	Factor 8	00944294002	85100010256430	28.0%	\$0.00
	Advate 1000iu	Advate	Factor 8	00944294003	85100010256440	28.0%	\$0.00
	Advate 1500iu	Advate	Factor 8	00944294004	85100010256450	28.0%	\$0.00
	Advate 2000iu	Advate	Factor 8	00944294510	85100010256460	28.0%	\$0.00
	Alphanate 250-500iu	Alphanate	Factor 8	49669460001	85100010002112	21.0%	\$0.00
	Alphanate 1000-1500iu	Alphanate	Factor 8	49669460002	85100010002143	21.0%	\$0.00
	AlphaNine SD/VF 1000iu	AlphaNine	Factor 9	49669360002	85100028002125	21.0%	\$0.00
	Bebulin VH 500iu	Bebulin	Factor 9 - Complex Human	64193024402	85100030002150	18.0%	\$0.00
	Benefix 1000iu	Benefix	Factor 9 - Recombinant	58394000101	85100028202140	12.0%	\$0.00
	Benefix 250iu	Benefix	Factor 9 - Recombinant	58394000301	85100028202120	12.0%	\$0.00
	Benefix 500iu	Benefix	Factor 9 - Recombinant	58394000201	85100028202130	12.0%	\$0.00
	FEIBA VH	FEIBA VH	Anti-Inhibitor Coagulant Complex	64193022203	85100020002100	28.0%	\$0.00
	FEIBA VH	FEIBA	Anti-Inhibitor Coagulant Complex	64193022204	85100020002100	28.0%	\$0.00
	FEIBA VH	FEIBA VH	Anti-Inhibitor Coagulant Complex	64193022205	85100020002100	28.0%	\$0.00
	Helixate FS 1000iu	Helixate	Factor 8	00053813004	85100010206440	35.0%	\$0.00
	Helixate FS 250iu	Helixate	Factor 8	00053813001	85100010206420	35.0%	\$0.00
	Helixate FS 500iu	Helixate	Factor 8	00053813002	85100010206430	35.0%	\$0.00
	Hemofil-M 250iu	Hemofil-M	Factor 8	00944293501	85100010002107	28.0%	\$0.00
	Hemofil-M 500iu	Hemofil-M	Factor 8	00944293502	85100010002107	28.0%	\$0.00
	Hemofil-M 1000iu	Hemofil-M	Factor 8	00944293503	85100010002107	28.0%	\$0.00
	Hemofil-M 2000iu	Hemofil-M	Factor 8	00944293504	85100010002147	28.0%	\$0.00
	Humate-P 500iu (Ristocetin Cofactor units)	Humate-P	Factor 8/Vrcof	00053761505	85100015102120	28.0%	\$0.00


		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING					
Jul-07			EXCLUSIVE				
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC	DISP FEE
	Humate-P 1000iu (Ristocetin Cofactor units)	Humate-P	Factor 8/Rcof	00053761510	85100015102130	28.0%	\$0.00
	Humate-P 2000iu (Ristocetin Cofactor units)	Humate-P	Factor 8/Rcof	00053761520	85100015102140	28.0%	\$0.00
	Humate-P 600iu	Humate-P	Factor 8	00053762005	85100015102122	28.0%	\$0.00
	Humate-P 1200iu	Humate-P	Factor 8	00053762010	85100015102132	28.0%	\$0.00
	Humate-P 2400iu	Humate-P	Factor 8	00053762020	85100015102144	28.0%	\$0.00
	Hyate-C	Hyate-C	Factor 8 - Porcine	55688010602	85100010102120	21.0%	\$0.00
	Koate DVI 1000iu	Koate	Factor 8	00026066550	85100010002140	21.0%	\$0.00
	Koate DVI 250iu	Koate	Factor 8	00026066520	85100010002110	21.0%	\$0.00
	Koate DVI 500iu	Koate	Factor 8	00026066530	85100010002130	21.0%	\$0.00
	Koate-HP 250iu	Koate HP	Factor 8	00026066420	85100010002110	21.0%	\$0.00
	Koate-HP 500iu	Koate HP	Factor 8	00026066430	85100010002130	21.0%	\$0.00
	Koate-HP 1000iu	Koate HP	Factor 8	00026066450	85100010002140	21.0%	\$0.00
	Koate-HP 1500iu	Koate HP	Factor 8	00026066460	85100010002145	21.0%	\$0.00
	Kogenate-FS 1000iu	Kogenate-FS	Factor 8	00026037250	85100010206440	21.0%	\$0.00
	Kogenate-FS 250iu	Kogenate-FS	Factor 8	00026037220	85100010206420	21.0%	\$0.00
	Kogenate-FS 500iu	Kogenate-FS	Factor 8	00026037230	85100010206430	21.0%	\$0.00
	Monarc-M	Monarc-M	Factor 9	52769046001	85100010002120	28.0%	\$0.00
	Monoclolate-P 250iu	Monoclolate-P	Factor 8	00053765601	85100010006410	21.0%	\$0.00
	Monoclolate-P 500iu	Monoclolate-P	Factor 8	00053765602	85100010006430	21.0%	\$0.00
	Monoclolate-P 1000iu	Monoclolate-P	Factor 8	00053765604	85100010006460	21.0%	\$0.00
	Monoclolate-P 1500iu	Monoclolate-P	Factor 8	00053765605	85100010006475	21.0%	\$0.00
	Mononine 1000iu	Mononine	Factor 9	00053766804	85100028002180	28.0%	\$0.00
	Mononine 250iu	Mononine	Factor 9	00053766801	85100028002160	28.0%	\$0.00
	Mononine 500iu	Mononine	Factor 9	00053766802	85100028002170	28.0%	\$0.00
	NovoSeven	NovoSeven	Factor 7a Recombinant	00169706101	85100026202130	21.0%	\$0.00
	NovoSeven (1.2)	NovoSeven	Factor 7a Recombinant	00169706001	85100026202120	21.0%	\$0.00
	NovoSeven (4.8)	NovoSeven	Factor 7a Recombinant	00169706201	85100026202140	21.0%	\$0.00
	Profiline SD 500iu	Profiline SD	Factor 9	49669320002	85100030002105	28.0%	\$0.00
	Profiline SD 1000-1500iu	Profiline SD	Factor 9	49669320003	85100030002180	28.0%	\$0.00
	Proplex T	Proplex-T	Factor 9	00944060739	85100030002170	18.0%	\$0.00
	Recombine 220 - 400iu	Recombine	Factor 8	00944293801	85100010202115	28.0%	\$0.00
	Recombine 401-800iu	Recombine	Factor 8	00944293802	85100010202125	28.0%	\$0.00
	Recombine 801-1240iu	Recombine	Factor 8	00944293803	85100010202135	28.0%	\$0.00
	Refacto 250iu	Refacto	Factor	58394000702	85100010206420	18.0%	\$0.00

		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING					
Jul-07		EXCLUSIVE					
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC	DISP FEE
	Refacto 500iu	Refacto	Factor	58934000602	85100010206430	18.0%	\$0.00
	Refacto 1000iu	Refacto	Factor	58394000502	85100010206440	18.0%	\$0.00
	Refacto 2000iu	Refacto	Factor	58394001102	85100010206450	18.0%	\$0.00
HEPATITIS							
	Copegus 200mg Tabs	Copegus	Ribavirin	00004008694	12353070000320	22.5%	\$0.00
	Infergen 9mcg/3ml SDV	Infergen	Interferon Alfacon-1	55513055406	12353040102220	18.0%	\$0.00
	Infergen 15mcg/5ml SDV	Infergen	Interferon Alfacon-1	64116003106	12353040102220	18.0%	\$0.00
	Peg - Intron 120mcg ReditPen	Peg-Intron	Interferon Alfa 2B	00085129701	12353060106424	18.0%	\$0.00
	Peg - Intron 120mcg ReditPen	Peg-Intron	Interferon Alfa 2B	00085129702	12353060106424	18.0%	\$0.00
	Peg - Intron 150mcg ReditPen	Peg-Intron	Interferon Alfa 2B	00085137001	12353060106430	18.0%	\$0.00
	Peg - Intron 150mcg ReditPen	Peg-Intron	Interferon Alfa 2B	00085137002	12353060106430	18.0%	\$0.00
	Peg - Intron 50mcg ReditPen	Peg-Intron	Interferon Alfa 2B	00085132301	12353060106410	18.0%	\$0.00
	Peg - Intron 50mcg ReditPen	Peg-Intron	Interferon Alfa 2B	00085132302	12353060106410	18.0%	\$0.00
	Peg - Intron 80mcg ReditPen	Peg-Intron	Interferon Alfa 2B	00085131601	12353060106416	18.0%	\$0.00
	Peg - Intron 80mcg ReditPen	Peg-Intron	Interferon Alfa 2B	00085131602	12353060106416	18.0%	\$0.00
	Pegasys 180mcg	Pegasys	Peginterferon Alfa 2A	00004035009	12353060052020	18.0%	\$0.00
	Pegasys 180mcg PFS 4Pk	Pegasys	Peginterferon Alfa 2A	00004035239	12353060056440	18.0%	\$0.00
	Rebetol 200mg 42's	Rebetol	Ribavirin	00085132704	12353070000120	22.5%	\$0.00
	Rebetol 200mg 56's	Rebetol	Ribavirin	00085135105	12353070000120	22.5%	\$0.00
	Rebetol 200mg 70's	Rebetol	Ribavirin	00085138507	12353070000120	22.5%	\$0.00
	Rebetol 200mg 84's	Rebetol	Ribavirin	00085119403	12353070000120	22.5%	\$0.00
	Rebetol 40mg/ml Sol	Rebetol	Ribavirin	00085131801	12353070002020	22.5%	\$0.00
	Ribasphere 200mg Caps 180's	Ribasphere	Ribavirin	66435010118	12353070000120	55.0%	\$0.00
	Ribasphere 200mg Caps 42's	Ribasphere	Ribavirin	49884085692	12353070000120	55.0%	\$0.00
	Ribasphere 200mg Caps 56's	Ribasphere	Ribavirin	49884085656	12353070000120	55.0%	\$0.00
	Ribasphere 200mg Caps 70's	Ribasphere	Ribavirin	49884085693	12353070000120	55.0%	\$0.00
	Ribasphere 200mg Caps 84's	Ribasphere	Ribavirin	49884085694	12353070000120	55.0%	\$0.00
	Ribasphere 200mg Tabs	Ribasphere	Ribavirin	66435010216	12353070000320	55.0%	\$0.00
	Ribasphere 400mg Tabs	Ribasphere	Ribavirin	66435010356	12353070000340	55.0%	\$0.00
	Ribasphere 600mg Tabs	Ribasphere	Ribavirin	66435010456	12353070000360	55.0%	\$0.00
	Ribapak 800mg/day Tabs	Ribapak	Ribavirin	49884033876	12353070000340	55.0%	\$0.00
	Ribapak 1000mg/day Tabs	Ribapak	Ribavirin	49884007176	12353070000620	55.0%	\$0.00
	Ribapak 1200mg/day Tabs	Ribapak	Ribavirin	49884034076	12353070000360	55.0%	\$0.00
	Ribatab 200mg	Ribatab	Ribavirin	49884004532	12353070000320	55.0%	\$0.00


<div><div><div>NMHC</div><div>Ascend</div><div>Specialty Pharmacy Solutions</div></div></div>		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING					
Jul-07		EXCLUSIVE					
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC	DISP FEE
	Ribatab 400mg	Ribatab	Ribavirin	16241006956	12353070000340	55.0%	\$0.00
	Ribatab 600mg	Ribatab	Ribavirin	16241007056	12353070000360	55.0%	\$0.00
	Ribatab 400mg/400mg	Ribatab	Ribavirin	16241006976	12353070000340	55.0%	\$0.00
	Ribatab 600mg/600mg	Ribatab	Ribavirin	16241007076	12353070000360	55.0%	\$0.00
	Ribavirin 200mg 42's	Ribavirin	Ribavirin	00781204342	12353070000120	55.0%	\$0.00
	Ribavirin 200mg 56's	Ribavirin	Ribavirin	00781204316	12353070000120	55.0%	\$0.00
	Ribavirin 200mg 70's	Ribavirin	Ribavirin	00781204367	12353070000120	55.0%	\$0.00
	Ribavirin 200mg 84's	Ribavirin	Ribavirin	00781204304	12353070000120	55.0%	\$0.00
HIV							
	Fuzeon 90mg Kit	Fuzeon	Enfuvirtide	00004038039	12102530006420	18.0%	\$0.00
	Serostim 4mg PDI	Serostim	Somatropin	44087000407	30100020102118	18.0%	\$0.00
	Serostim 5mg PDI	Serostim	Somatropin	44087000507	30100020102121	18.0%	\$0.00
	Serostim 6mg PDI	Serostim	Somatropin	44087000607	30100020102125	18.0%	\$0.00
IMMUNE SYSTEM/ IVIG							
	Carimune NF 1gm	Carimune	Immune Globulin	44206041501	19100020102112	18.0%	\$0.00
	Carimune NF 3gm	Carimune	Immune Globulin	44206041603	19100020102117	18.0%	\$0.00
	Carimune NF 6gm	Carimune	Immune Globulin	44206041706	19100020102125	18.0%	\$0.00
	Carimune NF 12gm	Carimune	Immune Globulin	44206041812	19100020102135	18.0%	\$0.00
	Carimune 1gm	Carimune	Immune Globulin	44206050551	19100020102112	18.0%	\$0.00
	Carimune 12gm	Carimune	Immune Globulin	44206050862	19100020102135	18.0%	\$0.00
	Flebogamma 5%	Flebogamma	Immune Globulin	61953000301	19100020102205	18.0%	\$0.00
	Flebogamma 5%	Flebogamma	Immune Globulin	61953000302	19100020102205	18.0%	\$0.00
	Flebogamma 5%	Flebogamma	Immune Globulin	61953000303	19100020102205	18.0%	\$0.00
	Flebogamma 5% 10 gram	Flebogamma	Immune Globulin	61953000304	19100020102205	18.0%	\$0.00
	Flebogamma DIF 5%	Flebogamma	Immune Globulin	61953000401	19100020102205	18.0%	\$0.00
	Flebogamma DIF 5%	Flebogamma	Immune Globulin	61953000402	19100020102205	18.0%	\$0.00
	Flebogamma DIF 5%	Flebogamma	Immune Globulin	61953000403	19100020102205	18.0%	\$0.00
	Flebogamma DIF 5%	Flebogamma	Immune Globulin	61953000404	19100020102205	18.0%	\$0.00
	Flebogamma DIF 5%	Flebogamma	Immune Globulin	61953000405	19100020102205	18.0%	\$0.00
	Gammune 10% 5 gram	Gammune	Immune Globulin	00026064820	19100020102210	18.0%	\$0.00
	Gammune 10% 10 gram	Gammune	Immune Globulin	00026064871	19100020102210	18.0%	\$0.00
	Gammune 10% 20gm	Gammune	Immune Globulin	00026064824	19100020102210	18.0%	\$0.00
	Gammagard SD 0.5 gram	Gammagard	Immune Globulin	00944262001	19100020102113	18.0%	\$0.00
	Gammagard SD 2.5 gram	Gammagard	Immune Globulin	00944262002	19100020102115	18.0%	\$0.00

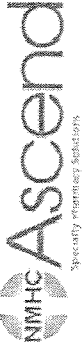
NMHC Ascend Specialty Pharmacy Solutions		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING					
Jul-07		EXCLUSIVE					
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC	DISP FEE
	Gammagard SD 5 gram	Gammagard	Immune Globulin	00944262003	19100020102120	18.0%	\$0.00
	Gammagard SD 10 gram	Gammagard	Immune Globulin	00944262004	19100020102130	18.0%	\$0.00
	Gammagard 1 gram/10ml	Gammagard	Immune Globulin	00944270002	19100020102210	18.0%	\$0.00
	Gammagard 2.5 gram/25ml	Gammagard	Immune Globulin	00944270003	19100020102210	18.0%	\$0.00
	Gammagard 5 gram/50ml	Gammagard	Immune Globulin	00944270004	19100020102210	18.0%	\$0.00
	Gammagard 10 gram/100ml	Gammagard	Immune Globulin	00944270005	19100020102210	18.0%	\$0.00
	Gammagard 20 gram/200ml	Gammagard	Immune Globulin	00944270006	19100020102210	18.0%	\$0.00
	Gammar-PIV 10gm	Gammar-PIV	Immune Globulin	00053748610	19100020102130	18.0%	\$0.00
	Gammar-PIV 5gm	Gammar-PIV	Immune Globulin	00053748605	19100020102120	18.0%	\$0.00
	Gamunex 10% 1gm	Gamunex	Immune Globulin	13533064512	19100020102210	18.0%	\$0.00
	Gamunex 10% 2.5gm	Gamunex	Immune Globulin	13533064515	19100020102210	18.0%	\$0.00
	Gamunex 10% 5gm	Gamunex	Immune Globulin	13533064520	19100020102210	18.0%	\$0.00
	Gamunex 10% 10gm	Gamunex	Immune Globulin	13533064524	19100020102210	18.0%	\$0.00
	Gamunex 10% 20gm	Gamunex	Immune Globulin	13533064571	19100020102210	18.0%	\$0.00
	Iveegam 5gm	Iveegam	Immune Globulin	64193025050	19100020102120	18.0%	\$0.00
	Octagam Inj 1Gm Sol	Octagam	Immune Globulin	67647084301	19100020102205	18.0%	\$0.00
	Octagam Inj 2.5Gm Sol	Octagam	Immune Globulin	67647084302	19100020102205	18.0%	\$0.00
	Octagam Inj 5Gm Sol	Octagam	Immune Globulin	67647084303	19100020102205	18.0%	\$0.00
	Octagam Inj 10Gm Sol	Octagam	Immune Globulin	67467084304	19100020102205	18.0%	\$0.00
	Panglobulin Soln 6gm	Panglobulin	Immune Globulin	52769041706	19100020102125	18.0%	\$0.00
	Panglobulin Soln 12gm	Panglobulin	Immune Globulin	52769041812	19100020102135	18.0%	\$0.00
	Panglobulin Inj 1gm	Panglobulin	Immune Globulin	52769027071	19100020102112	18.0%	\$0.00
	Panglobulin Inj 3gm	Panglobulin	Immune Globulin	52769027073	19100020102117	18.0%	\$0.00
	Panglobulin Inj 6gm	Panglobulin	Immune Globulin	52769026866	19100020102125	18.0%	\$0.00
	Panglobulin Inj 12gm	Panglobulin	Immune Globulin	52769026972	19100020102135	18.0%	\$0.00
	Polygam SD 0.5gm	Polygam	Immune Globulin	00944047169	19100020102113	18.0%	\$0.00
	Polygam SD 2.5gm	Polygam	Immune Globulin	00944047172	19100020102115	18.0%	\$0.00
	Polygam SD 5gm	Polygam	Immune Globulin	00944047175	19100020102120	18.0%	\$0.00
	Polygam SD 10gm	Polygam	Immune Globulin	00944047180	19100020102130	18.0%	\$0.00
	Respigam SD 2.5gm	Respigam	Immune Globulin	60574210101	19100047002020	18.0%	\$0.00
	Sandoglobulin 12gm	Sandoglobulin	Immune Globulin	00078024493	19100020102135	18.0%	\$0.00
	Sandoglobulin 1gm	Sandoglobulin	Immune Globulin	00078012094	19100020102112	18.0%	\$0.00
	Sandoglobulin 3gm	Sandoglobulin	Immune Globulin	00078012295	19100020102117	18.0%	\$0.00
	Sandoglobulin 6gm	Sandoglobulin	Immune Globulin	00078012496	19100020102125	18.0%	\$0.00

		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING				
Jul-07		EXCLUSIVE				
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC
	Venoglobulin S 5g / 50ml	Venoglobulin	Immune Globulin	68516162201	19100020102210	18.0%
	Venoglobulin S 10g / 100ml	Venoglobulin	Immune Globulin	68516162301	19100020102210	18.0%
	Venoglobulin S 25g / 250ml	Venoglobulin	Immune Globulin	68516162401	19100020102210	18.0%
	Vivaglobin Sol 160mg/ml	Venoglobulin	Immune Globulin	00053759603	19100020202020	18.0%
	Vivaglobin Sol 160mg/ml	Venoglobulin	Immune Globulin	00053759610	19100020202020	18.0%
	Vivaglobin Sol 160mg/ml	Venoglobulin	Immune Globulin	00053759615	19100020202020	18.0%
	Vivaglobin Sol 160mg/ml	Venoglobulin	Immune Globulin	00053759620	19100020202020	18.0%
	Vivaglobin Sol 160mg/ml	Venoglobulin	Immune Globulin	00053759625	19100020202020	18.0%
INFERTILITY (Optional)						
	Bravelle 75IU Vial	Bravelle	Urofollitropin	55566850502	30062090102112	18.0%
	Cetrotide 0.25mg PFS	Cetrotide	Cetrorelix	44087122501	30090025106420	18.0%
	Cetrotide 3mg PFS	Cetrotide	Cetrorelix	44087120301	30090025106440	18.0%
	Chorionic Gonadotropin HCG 10,000 u (10ml)	Chorionic	Chorionic Gonadotropin	63323002510	30062020002140	30.0%
	Follistim AQ 75IU	Follistim	Follitropin beta	00052030802	30062030102003	18.0%
	Follistim AQ 150IU	Follistim	Follitropin beta	00052030902	30062030102006	18.0%
	Follistim AQ 300IU Cartridge	Follistim	Follitropin beta	00052031301	30062030102020	18.0%
	Follistim AQ 600 IU Cartridge	Follistim	Follitropin beta	00052031601	30062030102030	18.0%
	Follistim AQ 900 IU Cartridge	Follistim	Follitropin beta	00052032601	30062030102040	18.0%
	Ganirelix Prefilled Syringe	Ganirelix	Ganirelix	00052030151	30090040102020	18.0%
	Gonal-F 300IU Pen	Gonal-F	Follitropin alpha	44087111301	30062030052020	18.0%
	Gonal-F 450IU MDV	Gonal-F	Follitropin alpha	44087903001	30062030052140	18.0%
	Gonal-F 450IU Pen	Gonal-F	Follitropin alpha	44087111201	30062030052020	18.0%
	Gonal-F 900IU Pen	Gonal-F	Follitropin alpha	44087111401	30062030052020	18.0%
	Gonal-F RFF 75IU	Gonal-F	Follitropin alpha	44087900506	30062030052115	18.0%
	Leuprolide 14 day kit (2.8ml)	Leuprolide	Leuprolide Acetate	00185740085	21405010106407	18.0%
	Lupron 2.8ml (2wk kit)	Lupron	Leuprolide Acetate	00300361228	21405010106407	18.0%
	Luveris 75IU Vial	Luveris	Lutropin alpha	44087137501	30062045052150	18.0%
	Menopur 75IU Vial	Menopur	Menotropins	55566750102	30062050002175	18.0%
	Novarel 10,000u (HCG)	Novarel	Gonadotropin,chorionic	55566150101	30062020002140	18.0%
	Ovidrel 250mcg PFS	Ovidrel 250mcg PFS	Choriogonadotropin Alfa	44087115001	30062020252120	18.0%
	Pregnyl 10,000u MDV	Pregnyl	Chorionic Gonadotropin	00052031510	30062020002140	18.0%
	Progesterone in Oil (IM) (50mg/100cc)	Progesterone	Progesterone	63323026110	26000040001705	30.0%
	Progesterone in Oil (IM) (50mg/100cc)	Progesterone	Progesterone	00364668354	26000040001705	30.0%
	Repronex 75IU	Repronex	Menotropins	55566718502	30062050002155	18.0%

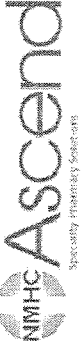
		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING				
Jul-07					EXCLUSIVE	
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC
MULTIPLE SCLEROSIS						
	Avonex 30mcg Vials	Avonex	Interferon Beta 1A	59627000103	62403060456420	18.0%
	Avonex 30mcg PFS	Avonex	Interferon Beta 1A	59627000205	62403060456430	18.0%
	Betaseron	Betaseron	Interferon Alpha 2b	50419052315	62403060502120	18.0%
	Copaxone 20mg Inj	Copaxone	Glatiramer Acetate	00088115330	62400030106420	18.0%
	Rebif 22mg	Rebif	Interferon, Beta-1a	44087002203	62403060452020	18.0%
	Rebif 44mcg	Rebif	Interferon, Beta-1a	44087004403	62403060452040	18.0%
	Rebif Titration 8.8+22mg Dose Pack (6+6)	Rebif	Interferon, Beta-1a	44087002203	62403060452020	18.0%
NEUROMUSCULAR						
	Botox	Botox	Botulinum Toxin Type A	00023114501	86807012002120	17.5%
	Myobloc 10,000/2ml Vial	Myobloc	Botulinum Toxin Type B	59075071210	74400020102020	17.5%
	Myobloc 5,000/1ml Vial	Myobloc	Botulinum Toxin Type B	59075071110	74400020102020	17.5%
	Myobloc 2,500/0.5ml Vial	Myobloc	Botulinum Toxin Type B	59075071010	74400020102020	17.5%
ONCOLOGY Oral/SQ (Self Administered)						
	Etoposide 50mg Caps	Etoposide	Etoposide	00378326694	21500010000120	22.5%
	Gleevec 100mg	Gleevec	Imatinib Mesylate	00078037366	21534035100120	18.0%
	Gleevec 400mg	Gleevec	Imatinib Mesylate	00078043815	21534035100340	18.0%
	Intron-A 10mu Pen	Intron-A	Interferon Alfa-2 B	00085125401	21700060202060	18.0%
	Intron-A 10mu Pwd Vial	Intron-A	Interferon Alfa-2 B	00085057102	21700060202130	18.0%
	Intron-A 18mu Vial	Intron-A	Interferon Alfa-2 B	00085111001	21700060202135	18.0%
	Intron-A 25mu Pwd Vial	Intron-A	Interferon Alfa-2 B	00085028502	21700060202140	18.0%
	Intron-A 3mu Pen	Intron-A	Interferon Alfa-2 B	00085124201	21700060202040	18.0%
	Intron-A 3mu Vial	Intron-A	Interferon Alfa-2 B	00085118402	21700060206420	18.0%
	Intron-A 50mu Pwd Vial	Intron-A	Interferon Alfa-2 B	00085053901	21700060202160	18.0%
	Intron-A 5mu Pen	Intron-A	Interferon Alfa-2 B	00085123501	21700060202050	18.0%
	Intron-A 5mu Pwd Vial	Intron-A	Interferon Alfa-2 B	00085012002	21700060202120	18.0%
	Intron-A 5mu Vial	Intron-A	Interferon Alfa-2 B	00085119102	21700060206430	18.0%
	Intron-A HSAF 10mu Vial	Intron-A	Interferon Alfa-2 B	00085117902	21700060206440	18.0%
	Intron-A HSAF 18mu Vial	Intron-A	Interferon Alfa-2 B	00085116801	21700060202022	18.0%
	Leuprolide 14 day kit (2.8ml)	Leuprolide	Leuprolide Acetate	00185740085	21405010106407	18.0%
	Lupron 2.8ml (2wk kit)	Lupron	Leuprolide Acetate	00300361228	21405010106407	18.0%
	Matulane 50mg Cap	Matulane	Procabazine	54482005301	21700050100105	18.0%
	Peg-Intron 120mcg Powder Vial	Peg-Intron	Interferon	00085130401	12353060106424	18.0%
	Peg-Intron 150mcg Powder Vial	Peg-Intron	Interferon	00085127901	12353060106430	18.0%

<div><div><div>NMHC</div><div>Ascend</div><div>Specialty Pharmacy Solutions</div></div></div>		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING					
Jul-07		EXCLUSIVE					
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC	DISP FEE
	Peg-Intron 50mcg Powder Vial	Peg-Intron	Interferon	00085136801	12353060106410	18.0%	\$0.00
	Peg-Intron 80mcg Powder Vial	Peg-Intron	Interferon	00085129101	12353060106416	18.0%	\$0.00
	Peg-Intron RP 120mcg	Peg-Intron	Interferon	00085129702	12353060106424	18.0%	\$0.00
	Peg-Intron RP 150mcg	Peg-Intron	Interferon	00085137002	12353060106430	18.0%	\$0.00
	Peg-Intron RP 50mcg	Peg-Intron	Interferon	00085132302	12353060106410	18.0%	\$0.00
	Peg-Intron RP 80mcg	Peg-Intron	Interferon	00085131602	12353060106416	18.0%	\$0.00
	Roferon 3mu PF Syr	Roferon	Interferon Alfa	00004201507	21700060106420	18.0%	\$0.00
	Roferon 6mu PF Syr	Roferon	Interferon Alfa	00004201607	21700060106430	18.0%	\$0.00
	Roferon 9mu PF Syr	Roferon	Interferon Alfa	00004201707	21700060106440	18.0%	\$0.00
	Sprycel 20mg tab	Sprycel	Dasatinib	00003052711	21534020000320	18.0%	\$0.00
	Sprycel 50mg tab	Sprycel	Dasatinib	00003052811	21534020000340	18.0%	\$0.00
	Sprycel 70mg tab	Sprycel	Dasatinib	00003052411	21534020000350	18.0%	\$0.00
	Sutent 12.5mg Caps	Sutent	Sunitinib	00069055030	21533070300120	18.0%	\$0.00
	Sutent 25mg Caps	Sutent	Sunitinib	00069077030	21533070300130	18.0%	\$0.00
	Sutent 50mg Caps	Sutent	Sunitinib	00069098030	21533070300140	18.0%	\$0.00
	Tarceva 100mg Tabs	Tarceva	Erlotinib	50242006301	21534025000340	18.0%	\$0.00
	Tarceva 150mg Tabs	Tarceva	Erlotinib	50242006401	21534025000360	18.0%	\$0.00
	Tarceva 25mg Tabs	Tarceva	Erlotinib	50242006201	21534025000320	18.0%	\$0.00
	Temodar 5MG Caps.	Temodar	Temozolomide	00085124802	211040700000110	18.0%	\$0.00
	Temodar 100MG Caps.	Temodar	Temozolomide	00085125902	211040700000140	18.0%	\$0.00
	Temodar 20MG Caps.	Temodar	Temozolomide	00085124402	211040700000120	18.0%	\$0.00
	Temodar 250MG Caps.	Temodar	Temozolomide	00085125202	211040700000150	18.0%	\$0.00
	Thalomid 100mg Caps 140	Thalomid	Thalidomide	59572021095	993920700000130	18.0%	\$0.00
	Thalomid 200mg Caps 84	Thalomid	Thalidomide	59572022096	993920700000140	18.0%	\$0.00
	Thalomid 50mg Caps 280	Thalomid	Thalidomide	59572010593	993920700000120	18.0%	\$0.00
	Vepecid 50mg Caps	Vepecid	Etoposide	00015309145	215000010000120	18.0%	\$0.00
	Viadur Kit	Viadur	Leuprolide	00026971101	21405010106480	18.0%	\$0.00
	Xeloda 150mg Tab	Xeloda	Capecitabine	00004110020	21300005000320	18.0%	\$0.00
	Xeloda 500mg Tab	Xeloda	Capecitabine	00004110150	21300005000350	18.0%	\$0.00
	Zoladex 10.8mg Sry	Zoladex	Goserelin	00310095130	21405005102330	18.0%	\$0.00
	Zoladex 3.6mg Syr	Zoladex	Goserelin	00310095036	21405005102310	18.0%	\$0.00
ONCOLOGY IV/IM (Non-Self Administered)							
	Abraxane 100mg Vial	Abraxane	Paclitaxel	68817013450	215000012201920	18.0%	\$0.00
	Alferon N 5mu/ml	Alferon	Interferon Alpha-N3/Intron A	547460000101	21700060302020	18.0%	\$0.00

		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING					
Jul-07		EXCLUSIVE					
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC	DISP FEE
	Alimta 500 MG SDV	Alimta	Pemetrexed	00002762301	21300053102120	18.0%	\$0.00
	Alkeran 50 MG SDV	Alkeran	Melphalan	59572030101	21101040002110	18.0%	\$0.00
	Aredia 30 MG VL	Aredia	Pamidronate	00083260104	30042060102120	18.0%	\$0.00
	Aredia 90 MG VL	Aredia	Pamidronate	00083260901	30042060102140	18.0%	\$0.00
	Avastin 100 MG	Avastin	Bevacizumab	50242006001	21335020002020	18.0%	\$0.00
	Avastin 400 MG	Avastin	Bevacizumab	50242006101	21335020002020	18.0%	\$0.00
	Bulsulfex 6mg/ml amp	Bulsulfex	Busulfan	67286005308	21100010002020	18.0%	\$0.00
	Campath 30mg/ml vial	Campath	Alemtuzumab	50419035703	21353010002040	18.0%	\$0.00
	Camptosar 20mg/ml SDV	Camptosar	Irinitotecan	00009752901	21550040102020	18.0%	\$0.00
	Carboplatin 150 mg Powder Vial	Carboplatin	Carboplatin	50111096676	21100015002120	18.0%	\$0.00
	Carboplatin 150 mg Sol MDV	Carboplatin	Carboplatin	61703033922	21100015002025	18.0%	\$0.00
	Carboplatin 450 mg Powder Vial	Carboplatin	Carboplatin	50111096776	21100015002140	18.0%	\$0.00
	Carboplatin 450 mg Sol MDV	Carboplatin	Carboplatin	61703033950	21100015002025	18.0%	\$0.00
	Carboplatin 50mg Powder Vial	Carboplatin	Carboplatin	50111096576	21100015002110	18.0%	\$0.00
	Carboplatin 50mg Sol MDV	Carboplatin	Carboplatin	61703033918	21100015002025	18.0%	\$0.00
	Carboplatin 600 mg Sol Vial	Carboplatin	Carboplatin	61703033956	21100015002025	18.0%	\$0.00
	Cerubidine 20mg Vial	Cerubidine	Daunorubicin	55390028110	21200030102105	18.0%	\$0.00
	Cladribine 1mg/ml	Cladribine	Cladribine	55390012401	21300007002010	18.0%	\$0.00
	Daunorubicin 20mg	Daunorubicin	Daunorubicin	55390010810	21200030102105	18.0%	\$0.00
	Doxil 20mg Vial	Doxil	Doxirubicin HCl Lipo	17314960001	21200040402210	18.0%	\$0.00
	Doxil 50mg Vial	Doxil	Doxirubicin HCl Lipo	17314960002	21200040402210	18.0%	\$0.00
	Ellence 200mg Vial	Ellence	Epirubicin	00009509301	21200042102020	18.0%	\$0.00
	Ellence 50mg Vial	Ellence	Epirubicin	00009509101	21200042102020	18.0%	\$0.00
	Eloxatin 100mg Vial	Eloxatin	Oxaliplatin	00024059704	21100028002130	18.0%	\$0.00
	Eloxatin 50mg Vial	Eloxatin	Oxaliplatin	00024059602	21100028002120	18.0%	\$0.00
	Ethylol 500mg Vial	Ethylol	Amifostine	58178001703	21758010102120	18.0%	\$0.00
	Faslodex 125mg/2.5ml	Faslodex	Fulvestran	00310072050	21403530002020	18.0%	\$0.00
	Faslodex 250mg/5ml	Faslodex	Fulvestran	00310072050	21403530002020	18.0%	\$0.00
	Fludara 50mg Vial	Fludara	Fludarabine	50419051106	21300025102120	18.0%	\$0.00
	Fludarabine 50mg 2ml Liquid Vial	Fludarabine	Fludarabine	00703485211	21300025102120	18.0%	\$0.00
	Fludarabine 50mg Powder Vial	Fludarabine	Fludarabine	00703585401	21300025102120	18.0%	\$0.00
	Hereceptin 440mg MDV	Hereceptin	Trastuzumab	50242013468	21353070002120	18.0%	\$0.00
	Hycamtin 4mg Vial	Hycamtin	Topotecan	00007420101	21550080102120	18.0%	\$0.00
	Leustatin 1mg/ml	Leustatin	Cladribine	59676020101	21300007002010	18.0%	\$0.00

		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING					
Jul-07		EXCLUSIVE					
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC	DISP FEE
	Lupron Dep 11.25mg PED	Lupron	Leuprolide Acetate Susp	00300228201	21405010106455	18.0%	\$0.00
	Lupron Dep 11.25 mg	Lupron	Leuprolide Acetate Susp	00300366301	21405010156420	18.0%	\$0.00
	Lupron Dep 22.50 mg	Lupron	Leuprolide Acetate Susp	00300334601	21405010156430	18.0%	\$0.00
	Lupron Dep 30 mg	Lupron	Leuprolide Acetate Susp	00300368301	21405010206430	18.0%	\$0.00
	Lupron Dep 15mg PED	Lupron	Leuprolide Acetate Susp	00300244001	21405010106460	18.0%	\$0.00
	Lupron Dep 3.75 mg	Lupron	Leuprolide Acetate Susp	00300364101	21405010106405	18.0%	\$0.00
	Lupron Dep 7.5 mg PED	Lupron	Leuprolide Acetate Susp	00300210801	21405010106450	18.0%	\$0.00
	Lupron Dep 7.5mg	Lupron	Leuprolide Acetate Susp	00300364201	21405010106410	18.0%	\$0.00
	Mitoxantrone 2mg/ml 10ml Vial	Mitoxantrone	Mitoxantrone	63323013210	21200055001310	18.0%	\$0.00
	Mitoxantrone 2mg/ml 12.5ml Vial	Mitoxantrone	Mitoxantrone	63323013212	21200055001310	18.0%	\$0.00
	Mitoxantrone 2mg/ml 15ml Vial	Mitoxantrone	Mitoxantrone	63323013215	21200055001310	18.0%	\$0.00
	Mylotarg 5mg Vial	Mytolarg	Gemtuzumab	00008451001	21355030202120	18.0%	\$0.00
	Navelbine 50mg/5ml Vial	Navelbine	Vinorelbine	00173065644	21500050802020	18.0%	\$0.00
	Nexavar 20mg Tablets	Nexavar	Sorafenib	00076848858	21533060400320	18.0%	\$0.00
	Nipent 10mg Vial 10ml Vial	Nipent	Pentostatin	62701080001	21700045002120	18.0%	\$0.00
	Novantrone 2mg/ml 15ml Vial	Novantrone	Mitoxantrone	44087153001	21200055001310	18.0%	\$0.00
	Novantrone 2mg/ml 10ml Vial	Novantrone	Mitoxantrone	44087152001	21200055001310	18.0%	\$0.00
	Novantrone 2mg/ml 12.5ml Vial	Novantrone	Mitoxantrone	44087152501	21200055001310	18.0%	\$0.00
	ONTAK 150mcg/ml Vial	ONTAK	Denileukin	64365050301	21700024002020	18.0%	\$0.00
	Paraplatin INJ 150/15ML	Paraplatin	Paraplatin	00015321130	21100015002025	18.0%	\$0.00
	Paraplatin INJ 150MG	Paraplatin	Paraplatin	00015321430	21100015002120	18.0%	\$0.00
	Paraplatin INJ 450/45ML	Paraplatin	Paraplatin	00015321230	21100015002025	18.0%	\$0.00
	Paraplatin INJ 450MG	Paraplatin	Paraplatin	00015321530	21100015002140	18.0%	\$0.00
	Paraplatin INJ 50MG	Paraplatin	Paraplatin	00015321330	21100015002110	18.0%	\$0.00
	Paraplatin INJ 50MG/5ML	Paraplatin	Paraplatin	00015321030	21100015002025	18.0%	\$0.00
	Paraplatin INJ 600/60ML	Paraplatin	Paraplatin	00015321630	21100015002025	18.0%	\$0.00
	Proleukine 22mu Vial	Proleukine	Interleukin-2	53905099101	21703020002120	18.0%	\$0.00
	Rituxan 100mg Vial	Rituxan	Rituximab	50242005121	21353060001310	18.0%	\$0.00
	Rituxan 500mg Vial	Rituxan	Rituximab	50242005306	21353060001310	18.0%	\$0.00
	Taxol 100mg Vial	Taxol	Paclitaxel	00015347630	21500012001320	18.0%	\$0.00
	Taxol 300mg Vial	Taxol	Paclitaxel	00015347911	21500012001320	18.0%	\$0.00
	Taxol 30mg Vial	Taxol	Paclitaxel	00015347520	21500012001320	18.0%	\$0.00
	Taxotere 20mg Vial	Taxotere	Docetaxel	00075800120	21500005001320	21.0%	\$0.00
	Taxotere 80mg Vial	Taxotere	Docetaxel	00075800180	21500005001320	21.0%	\$0.00

NMHC Ascend Specialty Pharmacy Solutions		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING					
JUL-07		EXCLUSIVE					
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC	DISP FEE
	Velcade 3.5mg Inj	Velcade	Bortezomib	63020004901	21536015002120	18.0%	\$0.00
	Zometa 4mg/5ml	Zometa	Zoledronic Acid	00078038725	30042090001320	18.0%	\$0.00
ONCOLOGY ADJUNCT/ GROWTH FACTORS, ETC.							
	Aranesp 100mcg/ml	Aranesp	Darepoetin Alfa-Albumin	55513001304	82401015122040	18.0%	\$0.00
	Aranesp 150mcg/ml	Aranesp	Darepoetin Alfa-Albumin	55513005404	82401015122050	18.0%	\$0.00
	Aranesp 200mg/1ml SDV	Aranesp	Darepoetin Alfa-Albumin	55513001401	82401015122050	18.0%	\$0.00
	Aranesp 25mcg/ml	Aranesp	Darepoetin Alfa-Albumin	55513001004	82401015122010	18.0%	\$0.00
	Aranesp 300mg/1ml SDV	Aranesp	Darepoetin Alfa-Albumin	55513001501	82401015122060	18.0%	\$0.00
	Aranesp 40mcg/1ml SDV	Aranesp	Darepoetin Alfa-Albumin	55513001104	82401015122020	18.0%	\$0.00
	Aranesp 60mcg/1ml SDV	Aranesp	Darepoetin Alfa-Albumin	55513001204	82401015122030	18.0%	\$0.00
	Epogen 2,000u/1ml Vial	Epogen	Epoetin Alpha	55513012610	82401020002010	18.0%	\$0.00
	Epogen 3,000u/1ml Vial	Epogen	Epoetin Alpha	55513026710	82401020002015	18.0%	\$0.00
	Epogen 4,000u/1ml Vial	Epogen	Epoetin Alpha	55513014810	82401020002020	18.0%	\$0.00
	Epogen 10,000u/1ml Vial	Epogen	Epoetin Alpha	55513014410	82401020002040	18.0%	\$0.00
	Epogen 10,000u/ml 2ml MDV	Epogen	Epoetin Alpha	55513028310	82401020002040	18.0%	\$0.00
	Epogen 20,000u/1ml Vial	Epogen	Epoetin Alpha	55513047810	82401020002050	18.0%	\$0.00
	Epogen 40,000u/1ml Vial	Epogen	Epoetin Alpha	55513082310	82401020002060	18.0%	\$0.00
	Leukine 250mcg/ml (pdi vial)	Leukine	Sargramostim	58406000233	82402050002120	18.0%	\$0.00
	Leukine 500mcg/ml (1ml)	Leukine	Sargramostim	58406005030	82402050002030	18.0%	\$0.00
	Neulasta 6mg/ .6ml	Neulasta	Pegfilgrastim	55513019001	82401570002020	18.0%	\$0.00
	Neumega 5mg	Neumega	Interleukin II	58394000402	82403060002120	18.0%	\$0.00
	Neupogen 300mg/ .5ml --singlejet	Neupogen	Filgrastim/G-CSF	55513092401	82401520002020	18.0%	\$0.00
	Neupogen 300mg/1.0ml --vials	Neupogen	Filgrastim/G-CSF	55513053010	82401520002010	18.0%	\$0.00
	Neupogen 480mg 1.6ml --vials	Neupogen	Filgrastim/G-CSF	55513054601	82401520002010	18.0%	\$0.00
	Neupogen 480mg/0.8ml - singlejet	Neupogen	Filgrastim/G-CSF	55513020910	82401520002020	18.0%	\$0.00
	Octreotide 1000mcg/ml 5ml Vial	Octreotide	Octreotide Acetate	00703334301	30170070102030	18.0%	\$0.00
	Octreotide 200mcg/ml 5ml Vial	Octreotide	Octreotide Acetate	00703333301	30170070102015	18.0%	\$0.00
	Octreotide 500mcg/ml 1ml Vial	Octreotide	Octreotide Acetate	00703332104	30170070102020	18.0%	\$0.00
	Octreotide 100mcg/ml 1ml Vial	Octreotide	Octreotide Acetate	00703331104	30170070102010	18.0%	\$0.00
	Octreotide 50mcg/ml 1ml Vial	Octreotide	Octreotide Acetate	00703330104	30170070102005	18.0%	\$0.00
	Procrit 2,000u/1ml --vials	Procrit	Epoetin Alpha	59676030202	82401020002010	18.0%	\$0.00
	Procrit 3,000u/1ml --vials	Procrit	Epoetin Alpha	59676030302	82401020002015	18.0%	\$0.00
	Procrit 4,000u/1ml --vials	Procrit	Epoetin Alpha	59676030402	82401020002020	18.0%	\$0.00
	Procrit 10,000u/1ml --vials	Procrit	Epoetin Alpha	59676031002	82401020002040	18.0%	\$0.00

		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING					
Jul-07		EXCLUSIVE					
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC	DISP FEE
	Procrit 20,000u/1ml --vials	Procrit	Epoetin Alpha	59676032001	82401020002050	18.0%	\$0.00
	Procrit 20,000u/ml 2ml--vials	Procrit	Epoetin Alpha	59676031201	82401020002040	18.0%	\$0.00
	Procrit 40,000u/1ml --vials	Procrit	Epoetin Alpha	59676034001	82401020002060	18.0%	\$0.00
	Sandostatin 1000mcg/ml 5ml Vial	Sandostatin	Octreotide Acetate	00078018425	30170070102030	18.0%	\$0.00
	Sandostatin 200mcg 5ml Vial	Sandostatin	Octreotide Acetate	00078018325	30170070102015	18.0%	\$0.00
	Sandostatin 500mcg/ml 1ml Vial	Sandostatin	Octreotide Acetate	00078018201	30170070102020	18.0%	\$0.00
	Sandostatin 100mcg/ml 1ml Vial	Sandostatin	Octreotide Acetate	00078018101	30170070102010	18.0%	\$0.00
	Sandostatin 50mcg/ml 1ml Vial	Sandostatin	Octreotide Acetate	00078018001	30170070102005	18.0%	\$0.00
	Sandostatin Lar Dep 10mg	Sandostatin	Octreotide Acetate	00078034061	30170070106410	18.0%	\$0.00
	Sandostatin Lar Dep 20mg	Sandostatin	Octreotide Acetate	00078034161	30170070106420	18.0%	\$0.00
	Sandostatin Lar Dep 30mg	Sandostatin	Octreotide Acetate	00078034261	30170070106430	18.0%	\$0.00
OSTEOARTHRITIS							
	Euflexxa 10mg/ml	Euflexxa	Hyaluronate Sod	55566410001	75800070102020	18.0%	\$0.00
	Hyalgan 10mg 20mg/2ml	Hyalgan	Hyaluronate Sod	08024072420	75800070102020	18.0%	\$0.00
	Orthovisc 15mg/ml	Orthovisc	Hyaluronate Sod	59676036001	75800060002020	18.0%	\$0.00
	Supartz 10mg/ml 25mg	Supartz 10mg/ml 25mg	Hyaluronate Sod	08363776501	75800070102020	18.0%	\$0.00
	Synvisc Hylan G-F 20	Synvisc	Hyaluronate Sod	00008914902	75800040002220	18.0%	\$0.00
OSTEOPOROSIS							
	Forteo	Forteo	Teriparatide	00002897101	30044070002020	17.5%	\$0.00
POMPE'S							
	Myozyme 50mg Vial	Myozyme 50mg Vial	Alglucosidase	58468015001	30907715002120	16.0%	\$0.00
PSORIASIS							
	Amevive	Amevive	Alefacept	59627002103	90250515002130	18.0%	\$0.00
	Enbrel 25mg Vial	Enbrel	Etanercept	58406042534	66290030006420	18.0%	\$0.00
	Enbrel 25mg/0.5ml Syr	Enbrel	Etanercept	58406045504	66290030002020	18.0%	\$0.00
	Enbrel 50mg Syr	Enbrel	Etanercept	58406043504	66290030002020	18.0%	\$0.00
	Enbrel 50mg/ml Sureclick Syr	Enbrel	Etanercept	58406044504	66290030002020	18.0%	\$0.00
	Humira 40mg/ml 2ml PFS	Humira	Adalimumab	00074379902	66270015006420	18.0%	\$0.00
	Raptiva 125mg Vial	Raptiva	Efalizumab	50242005804	90250527006420	16.0%	\$0.00
RESPIRATORY SYNCYTIAL VIRUS							
	Synagis 50mg PDI	Synagis	Palivizumab	60574411201	19502060002110	17.5%	\$0.00
	Synagis 50mg Sol Syr	Synagis	Palivizumab	60574411401	19502060002020	17.5%	\$0.00
	Synagis 100mg PDI	Synagis	Palivizumab	60574411101	19502060002120	17.5%	\$0.00
	Synagis 100mg Sol Syr	Synagis	Palivizumab	60574411301	19502060002020	17.5%	\$0.00
RHEUMATOID ARTHRITIS							

NMHC Ascend <small>Specialty Pharmacy Solutions</small>		COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING					
Jul-07		EXCLUSIVE					
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-14	AWP DISC	DISP FEE
	Enbrel 25mg Vial	Enbrel	Etanercept	58406042534	66290030006420	18.0%	\$0.00
	Enbrel 25mg/0.5ml Syr	Enbrel	Etanercept	58406045504	66290030002020	18.0%	\$0.00
	Enbrel 50mg Syr	Enbrel	Etanercept	58406043504	66290030002020	18.0%	\$0.00
	Enbrel 50mg/ml Sureclick Syr	Enbrel	Etanercept	58406044504	66290030002020	18.0%	\$0.00
	Humira 40mg/ml 2ml PFS	Humira	Adalimumab	00074379902	66270015006420	18.0%	\$0.00
	Humira 40mg/0.8ml Crohn's Pack	Humira	Adalimumab	00074433906	66270015006420	18.0%	\$0.00
	Kineret 100mg/.67ml-Commercial Only	Kineret	Anakinra	55513017707	66260010002020	18.0%	\$0.00
	Orencia 250mg Vial	Orencia	Abatacept	00003218710	66400010002020	18.0%	\$0.00
	Remicade 100mg 10ml PDI	Remicade	Infliximab Recombinant	57894003001	52505040002120	17.5%	\$0.00
	Rituxan 100mg Vial	Rituxan	Rituximab	50242005121	21353060001310	17.5%	\$0.00
	Rituxan 500mg Vial	Rituxan	Rituximab	50242005306	21353060001310	17.5%	\$0.00
TRANSPLANT (Optional)							
	Cellcept 250mg caps	Cellcept	Mycophenolate Mof.	00004025901	99403030100120	21.0%	\$0.00
	Cellcept 500mg caps	Cellcept	Mycophenolate Mof.	00004026001	99403030100330	21.0%	\$0.00
	Cellcept 200mg/ml Sol	Cellcept	Mycophenolate Mof.	00004026129	99403030101920	21.0%	\$0.00
	Cyclosporine 100mg Caps	Cyclosporine	Cyclosporine	60505013400	99402020000140	30.0%	\$0.00
	Cyclosporine 100mg Caps	Cyclosporine	Cyclosporine Modified	00172731246	99402020300150	30.0%	\$0.00
	Cyclosporine 100mg Caps	Cyclosporine	Cyclosporine Modified	50111092043	99402020300150	30.0%	\$0.00
	Cyclosporine 100mg Caps	Cyclosporine	Cyclosporine Modified	00185093330	99402020300150	30.0%	\$0.00
	Cyclosporine 100mg/ml Sol	Cyclosporine	Cyclosporine	00078011022	99402020002010	30.0%	\$0.00
	Cyclosporine 100mg/ml Sol	Cyclosporine	Cyclosporine Modified	50111088542	99402020302020	30.0%	\$0.00
	Cyclosporine 25mg Caps	Cyclosporine	Cyclosporine	60505013300	99402020000110	30.0%	\$0.00
	Cyclosporine 25mg Caps	Cyclosporine	Cyclosporine Modified	00172731046	99402020300120	30.0%	\$0.00
	Cyclosporine 25mg Caps	Cyclosporine	Cyclosporine Modified	50111090943	99402020300120	30.0%	\$0.00
	Cyclosporine 25mg Caps	Cyclosporine	Cyclosporine Modified	00185093230	99402020300120	30.0%	\$0.00
	Gengraf 100mg Caps	Gengraf	Cyclosporine Modified	00074647932	99402020300150	30.0%	\$0.00
	Gengraf 25mg Caps	Gengraf	Cyclosporine Modified	00074646332	99402020300120	30.0%	\$0.00
	Gengraf 100mg/ml Sol	Gengraf	Cyclosporine Modified	00074726950	99402020302020	30.0%	\$0.00
	Myfortic 180mg Tabs	Myfortic	Mycophenolate Acid	00078038566	99403030300620	21.0%	\$0.00
	Myfortic 360mg Tabs	Myfortic	Mycophenolate Acid	00078038666	99403030300630	21.0%	\$0.00
	Neoral 1000mg/mg Sol	Neoral	Cyclosporine Modified	00078027422	99402020302020	21.0%	\$0.00
	Neoral 100mg Caps	Neoral	Cyclosporine Modified	00078024815	99402020300150	21.0%	\$0.00
	Neoral 25mg Caps	Neoral	Cyclosporine Modified	00078024615	99402020300120	21.0%	\$0.00
	Prograf 0.5mg Caps	Prograf	Tacrolimus	00469060773	99404080000105	21.0%	\$0.00

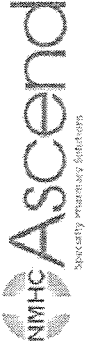
			COMMUNITY HEALTH PLAN COUNTY OF LOS ANGELES SPECIALTY PHARMACY PRICING				
Jul-07			EXCLUSIVE				
DISEASE	PRODUCT NAME and STRENGTH	BRAND NAME	GENERIC NAME	NDC	GPI-I4	AWP DISC	DISP FEE
	Prograf 1mg Caps	Prograf	Tacrolimus	00469061773	99404080000110	21.0%	\$0.00
	Prograf 5mg Caps	Prograf	Tacrolimus	00469065711	99404080000120	21.0%	\$0.00
	Rapamune 1mg Tabs	Rapamune	Sirolimus	00008103105	99404070000320	21.0%	\$0.00
	Rapamune 2mg Tabs	Rapamune	Sirolimus	00008103205	99404070000330	21.0%	\$0.00
	Rapamune 1mg/ml Sol	Rapamune	Sirolimus	00008103006	994040700002020	21.0%	\$0.00
	Sandimmune 100mg Caps	Sandimmune	Cyclosporine	00078024115	99402020000140	21.0%	\$0.00
	Sandimmune 100mg/ml	Sandimmune	Cyclosporine	00078011022	994020200002010	21.0%	\$0.00
	Sandimmune 25mg Caps	Sandimmune	Cyclosporine	00078024015	99402020000110	21.0%	\$0.00

EXHIBIT I

Contract # H-213197-5

COMMUNITY HEALTH PLAN
TELEPHONE COMMUNICATION SUPPORT SERVICES

Amendment No. 5

THIS AMENDMENT is made and entered into this _____ day
of _____, 2007

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

ALERT COMMUNICATIONS COMPANY
(hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled
"COMMUNITY HEALTH PLAN SUPPORT SERVICES AGREEMENT", dated
November 2, 2001, as amended and further identified as Agreement
No. H-213197 (hereafter "Agreement"); and

WHEREAS, the parties wish to extend the term of the
Agreement; and

WHEREAS, Agreement provides that changes may be made in the
form of a written amendment which is formally approved and
executed by both parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall become effective July 1, 2007
through June 30, 2008, unless terminated earlier pursuant to the
provisions of this Agreement.

2. Agreement Paragraph 1, TERM, Paragraph 1, shall be

revised to read as follows:

"1. TERM: The term of this Agreement is effective December 1, 2001 and shall continue in full force and effect to and including June 30, 2008, with provisions for one-year annual renewals for three years through June 30, 2011, upon written mutual agreement by both parties."

3. Agreement Paragraph 3, DESCRIPTION OF SERVICES, shall be revised to read as follows:

"3. DESCRIPTION OF SERVICES: Contractor shall provide the services described in Exhibit A-1, DESCRIPTION OF SERVICES-TWENTY-FOUR TELEPHONE ANSWERING SUPPORT SERVICES, and Exhibit A-2, DESCRIPTION OF SERVICES-OUTREACH PROGRAM OUTBOUND VOICE BLAST SERVICES."

4. Agreement Paragraph 4, MAXIMUM OBLIGATION OF COUNTY, shall be amended to read as follows:

"4. ESTIMATED MAXIMUM OBLIGATION OF COUNTY: During the period July 1, 2007 through June 30, 2008, the estimated maximum obligation of County for Contractor's performance under this Agreement shall be _____."

5. Agreement Paragraph 5, BILLING AND PAYMENT, shall be revised to read as follows:

"5. BILLING AND PAYMENT: County agrees to compensate Contractor for services rendered pursuant to this Agreement in accordance with the terms, conditions and rates set forth

in Exhibit B-2, attached and incorporated herein for reference."

6. Agreement ADDITIONAL PROVISIONS Paragraph 2, PROHIBITION AGAINST ASSIGNMENT AND DELEGATION, shall be replaced in entirety to read as follows:

"2. PROHIBITION AGAINST ASSIGNMENT AND DELEGATION:

A. The Contractor shall not assign its rights or delegate its duties under this Contract, or both, whether in whole or in part, without the prior written consent of County, in its discretion, and any attempted assignment or delegation without such consent shall be null and void. For purposes of this paragraph, County consent shall require a written amendment to the Contract, which is formally approved and executed by the parties. Any payments by the County to any approved delegatee or assignee on any claim under this Contract shall be deductible, at County's sole discretion, against the claims, which the Contractor may have against the County.

B. Shareholders, partners, members, or other equity holders of Contractor may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. However, in the event any such sale, transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Contractor to any person(s),

corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of the Contract, such disposition is an assignment requiring the prior written consent of County in accordance with applicable provisions of this Contract.

C. If any assumption, assignment, delegation, or takeover of any of the Contractor's duties, responsibilities, obligations, or performance of same by any entity other than the Contractor, whether through assignment, subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, shall be a material breach of the Contract which may result in the termination of this Contract. In the event of such termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default by Contractor."

5. Agreement ADDITIONAL PROVISIONS Paragraph 26, CONTRACTOR RESPONSIBILITY AND DEBARMENT, shall be replaced in entirety to read as follows:

"26. CONTRACTOR RESPONSIBILITY AND DEBARMENT:

A. A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness, as well as quality, fitness, capacity and experience to satisfactorily

perform the Agreement. It is the County's policy to conduct business only with responsible contractors.

B. Contractor is hereby notified that, in accordance with Chapter 2.202 of the County Code, if County acquires information concerning the performance of Contractor on this or other contracts which indicates that Contractor is not responsible, County may, in addition to other remedies provided in this Agreement, debar Contractor from bidding or proposing on, or being awarded, and/or performing work on County contracts for a specified period of time, which generally will not exceed five (5) years or be permanent if warranted by the circumstances, and terminate any or all existing contracts Contractor may have with County.

C. County may debar Contractor if the Board of Supervisors finds, in its discretion, that Contractor has done any of the following: (1) violated a term of a contract with County or a nonprofit corporation created by County, (2) committed an act or omission which negatively reflects on Contractor's quality, fitness or capacity to perform a contract with County, any other public entity, or a nonprofit corporation created by County, or engaged in a pattern or practice which negatively reflects on same, (3) committed an act or offense which indicates a lack of business integrity or business honesty, or (4) made or

submitted a false claim against County or any other public entity.

D. If there is evidence that Contractor may be subject to debarment, Director will notify Contractor in writing of the evidence that is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before the Contractor Hearing Board.

E. The Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or the Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, the Contractor Hearing Board shall prepare a tentative proposed decision, which shall contain a recommendation regarding whether Contractor should be debarred, and, if so, the appropriate length of time of the debarment. Contractor and the Department shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board of Supervisors.

F. After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision, and any other recommendation of the Contractor Hearing Board shall be presented to the Board of Supervisors. The Board of Supervisors shall have the right

to modify, deny, or adopt the proposed decision and recommendation of the Hearing Board.

G. If a Contractor has been debarred for a period longer than five years, that Contractor may, after the debarment has been in effect for at least five years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of County.

H. The Contractor Hearing Board will consider a request for review of a debarment determination only where (1) Contractor has been debarred for a period longer than five years; (2) the debarment has been in effect for at least five years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, the Contractor hearing Board will provide notice of

the hearing on the request. At the hearing, the Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by the Contractor Hearing Board pursuant to the same procedures for a debarment hearing.

The Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. The Contractor Hearing Board shall present its proposed decision and recommendation to the Board of Supervisors. The Board of Supervisors shall have the right to modify, deny, or adopt the proposed decision and recommendation of the Contractor Hearing Board.

I. These terms shall also apply to Subcontractors of County Contractors."

6. Exhibit A-2, DESCRIPTION OF SERVICES-OUTREACH PROGRAM OUTBOUND VOICE BLAST SERVICES, shall be added to the Agreement, attached hereto and incorporated herein by reference.

7. Exhibit B-1, BILLING AND PAYMENT, shall be replaced in entirety by Exhibit B-2 to include applicable rates for the provision of the OUTREACH PROGRAM OUTBOUND VOICE BLAST SERVICES.

8. Except for the changes set forth hereinabove, Agreement

shall not be changed in any other respect by this Amendment.

IN WITNESS WHEREOF, the Board of Supervisors of the County
of Los Angeles has caused this Amendment to be subscribed by its

/

/

/

/

/

/

1

/

/

1

4

/

1

1

1

Director of Health Services, and Contractor has caused this
Amendment to be subscribed in its behalf by its duly authorized
officers, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
Bruce A. Chernof, M.D.
Director and Chief Medical Officer

ALERT COMMUNICATIONS COMPANY
Contractor

By _____
Signature

Print Name

Title

(AFFIX CORPORATE SEAL)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

Department of Health Services

By _____
Cara O'Neill, Chief
Contracts and Grants Division

EXHIBIT A-2

DESCRIPTION OF SERVICES

OUTREACH PROGRAM OUTBOUND VOICE BLAST SERVICES

1. SCOPE OF SERVICES. Contractor shall provide telephone outbound voice blast services to targeted populations under the Community Health Plan's (CHP) Medi-Cal Managed Care Program (MMCP), Healthy Families Program (HFP), and In-Home Supportive Services (IHSS) Program for the following initial pilot based campaign calls: a) Combined Welcome and Initial Health Assessment (IHA) Call, b) Well Baby Care Call, c) Well Child Care Call, and d) Reminder Call, for purposes of i) welcoming new MMCP, HFP, and IHSS Members to CHP by providing them with important information about the Program with the end goal of building an effective and lasting relationship with the Members; ii) reinforcing the importance of preventive health screening, and encouraging Members to access care; and iii) remind Members of their upcoming appointments and doctor's visits.

Contractor will be provided by CHP with two (2) separate electronic databases of customer billing telephone numbers (BTNs): 1) on a monthly basis for use in the Combined Welcome/IHA campaign call, and 2) on a quarterly basis for use in the Well Baby Care and Well Child Care campaign calls, containing members' information, including but not limited to the following: name, telephone number, CIN number, language preference, Primary Care Provider (PCP) or Medical Group/IPA name and contact telephone

numbers where Member is currently assigned, etc. For the Reminder campaign call, Contractor shall access the same databases to broadcast monthly reminder calls to Members.

Contractor upon receipt of the monthly electronic database of BTN's for the Combined Welcome and IHA campaign call shall scrub the database against the Contractor's internal Do Not Call (DNC) list, and will remove any BTN's that are found to be included in Contractor's DNC database(s). Contractor shall use the "clean" BTN database to broadcast pre-recorded Combined Welcome and IHA and Reminder scripted voice messages to Members either to an individual or to an answering machine, or both as determined by CHP. However, should CHP decide that all BTN's provided are for active customers and need to be contacted; CHP shall advise Contractor that the aforementioned scrub is not necessary.

It is the responsibility of CHP to make the necessary scrub of the electronic database for use in the Well Baby Care and Well Child Care campaign calls prior to submitting to Contractor on a quarterly basis.

Contractor, at its initial implementation of the campaign voice blast services, will use English or Spanish as the language thresholds. CHP, at later time during the term of the Agreement, may decide to add additional language thresholds to use in the campaigns, e.g. Armenian, Chinese, Farsi, Khmer, Korean, Russian, Tagalog, at no additional programming cost to County. Member

shall be contacted using the primary language previously designated in the monthly electronic data files provided by CHP to Contractor.

Contractor will broadcast voice messages to Members during the following time parameters: Monday through Friday, except for Holidays, between the hours of a) 10:00 am to 12:00 noon and b) 2:00 pm to 4:00 pm. At any time during the term of the Agreement and depending on evaluation and desired outcome, CHP may expand the delivery of broadcast voice messages to include Saturdays, between 9:00 am to 9:00 pm, of which Contractor will be duly notified in writing 30 calendar days in advance. All dialing will be based on local time zone for each BTN provided.

Contractor's voice blast system is equipped to support up to the maximum of nine (9) campaigns at one time, with capability to transfer/route calls to third party, such as the Member's Primary Care Provider, Medical Group/IPA or other number as may be designated by CHP. In the event that CHP decides to add additional campaigns, or change campaign during the term of the Agreement, up to a maximum of nine (9) campaigns, CHP will notify Contractor with 45 calendar days prior to the desired campaign implementation date. Contractor shall provide revised specifications to CHP for review within thirty (15) calendar days of receipt of the request to add or change campaigns. Upon mutual written approvals of final specifications by both parties, Contractor shall program and implement the requested change

within thirty (30) calendar days. Contractor and CHP may mutually agree on a different timeframe as appropriate.

2. PAYMENT: County agrees to compensate Contractor for voice blast services provided under this Agreement as set forth in the BILLING AND PAYMENT Paragraph of the body of this Agreement, and in accordance with the rate schedule as set forth in Exhibit B-2, attached hereto and incorporated for reference.

3. STATEMENT OF WORK AND EVALUATION OF SERVICES. Contractor agrees to provide services to County as described and as summarized in Contractor's "Statement of Work" form, attached hereto and incorporated herein by reference.

In the interest of evaluating the services provided hereunder, Contractor's performance will be measured by the CHP to determine the extent to which performance standards and requirements listed in the Statement of Work have been met. County will use such measurements, in conjunction with other available information, to determine the adequacy of Contractor's performance and to develop recommendations for continuation of services. Contractor shall maintain sufficient documentation to permit a comparison of actual performance to required performance under the terms of this Agreement. Contractor shall retain such documentation and allow County access to same in accordance with RECORDS AND AUDIT Paragraph of this Agreement.

ATTACHMENT 1 TO EXHIBIT A-2

OUTREACH PROGRAM OUTBOUND VOICE BLAST SERVICES

STATEMENT OF WORK

TASK NO	MAIN TASK	TASK DIRECTIVE	DELIVERABLES	
			CHP	Contractor
1.0	Voice Blast Target Population / Campaign Calls	<p>Deliver voice blast messages to targeted CHP Members enrolled in the Medi-Cal Managed Care Program (MMCP), Healthy Families Program (HFP), and In-Home Supportive Services (IHSS) Program under each of the following call campaigns: a) Combined Welcome and Initial Health Assessment (IHA) Call, b) Well Baby Care Call, c) Well Child Care Call, and d) Reminder Call, for purposes of welcoming new MMCP and HFP Members to CHP, reinforcing the importance of preventive health screening and encouraging members to access care, and remind Members of their upcoming appointments and doctor's visits.</p> <p>CHP may, during the term of this Agreement, add additional call campaigns or replace existing call campaign, upon mutual agreement by both parties, up to a maximum of nine (9) call campaigns at one time.</p>	<p>CHP shall provide Contractor with electronic databases, on a monthly basis (for the Combined Welcome and IHA campaign call), and on a quarterly basis (for Well Baby Care and Well Child Care campaign calls, of customer billing telephone numbers (BTNs) containing Member information, including but not limited to the following:</p> <ul style="list-style-type: none"> - member name - member phone number - member CIN # - member language preference - primary care provider name / medical group / IPA - primary care provider / medical group/IPA phone number <p>It is the responsibility of CHP to make the necessary scrub of the electronic database for use in the Well Baby Care and Well Child Care campaign calls prior to submitting to Contractor on a quarterly basis.</p>	<p>Contractor upon receipt of the monthly electronic database of BTNs for use in the Combined Welcome and IHA campaign call shall scrub the database against the Contractor's internal Do Not Call (DNC) list, and shall remove any BTNs that are found to be included in the Contractor's DNC database(s). Contractor shall use the "clean" BTN database to initiate and broadcast voice blast message calls to targeted population. Should CHP decides to have all BTNs provided to be contacted; CHP shall advise Contractor that the scrub is no longer necessary.</p> <p>Contractor's voice blast system is equipped to support up to 9 campaign calls at one time.</p> <p>Depending on the size of data files and duration of each scripted call to Member, Contractor shall complete the broadcast of each voice blast campaign within 3 business days.</p>

ATTACHMENT 1 TO EXHIBIT A-2

OUTREACH PROGRAM OUTBOUND VOICE BLAST SERVICES

STATEMENT OF WORK

TASK NO	MAIN TASK	TASK DIRECTIVE	DELIVERABLES	
			CHP	Contractor
2.0	Voice Blast Delivery Frequency	Deliver voice blast messages to Members under each of the following call campaigns, as follows: a) Combined Welcome and IHA Call-monthly basis, b) Well Baby Care Call-quarterly basis, c) Well Child Care Call-quarterly basis, and d) Reminder Call-monthly basis.	CHP shall provide Contractor with updated electronic Member data files on a monthly basis (see Task 1.0 above)	For Well Baby Care and Well Child Care campaign calls, Contractor shall verify Member data files from the previous Member data files to avoid calling the same Member within the three (3) month period.
3.0	Voice Blast Delivery Schedule	Deliver voice blast messages using the following time parameters: Monday through Friday, except for Holidays, between the hours of a) 10:00 am to 12:00 noon and b) 2:00 pm and 4:00 pm. As directed by CHP, expand delivery of voice blast messages from Monday to Saturdays between the hours of 9:00 am to 9:00 pm.	In the event that CHP decides to expand time parameters in delivering voice blast messages, notify Contractor 30 calendar days of such change.	Contractor shall initiate voice blast messages to targeted Members Monday through Friday, except Holidays, between the hours of 10:00 am to 12:00 noon and 2:00 pm to 4:00 pm. When directed by CHP, expand delivery of voice blast messages through Saturdays beginning 9:00 am to 9:00 pm.
4.0	Voice Blast Delivery Attempt	Deliver voice blast to Members not to exceed three (3) attempts per week period.		Contractor shall initiate voice blast calls to Members, up to three (3) attempts per week period.

ATTACHMENT 1 TO EXHIBIT A-2

OUTREACH PROGRAM OUTBOUND VOICE BLAST SERVICES

STATEMENT OF WORK

TASK NO	MAIN TASK	TASK DIRECTIVE	DELIVERABLES	
			CHP	Contractor
5.0	Voice Blast Threshold Languages / Message Scripts	Deliver voice blast in either English or Spanish for the initial implementation of the outreach program. As directed and determined by CHP, deliver voice blast messages in additional language thresholds, e.g. Armenian, Chinese, Farsi, Khmer, Korean, Russian, Tagalog, Vietnamese, at no additional programming cost to County. Member shall be contacted using the primary language previously indicated in the electronic data files provided by CHP to Contractor for each voice blast campaign.	CHP shall provide Contractor with voice blast message scripts for required threshold languages prior to implementation of each campaign call.	Contractor shall use its own personnel or other professional voice talent to record message scripts provided by CHP in a clear and calm tone, not to exceed 30 seconds per voice blast message.
6.0	3rd Party Transfer / Route Call	One number transfer/route call directly to Member's assigned Primary Care Provider, Medical Group/IPA, or other number designated by CHP for Members to make necessary doctor's visits/appointments.		Contractor shall ensure that voice blast system is capable of transferring/routing to one number call either directly to Member's assigned PCP, MG/IPA or other number designated by CHP.

ATTACHMENT 1 TO EXHIBIT A-2

OUTREACH PROGRAM OUTBOUND VOICE BLAST SERVICES

STATEMENT OF WORK

TASK NO	MAIN TASK	TASK DIRECTIVE	DELIVERABLES	
			CHP	Contractor
7.0	Voice Blast Reporting Requirements	Generate monthly IVR standard reports per campaign calls containing call information made to Members, including but not limited to date and time of call, status (busy signal, in person, answering machine, etc), call attempts, transfer/routed call to third party, etc.		Contractor shall provide CHP, on the 10th day following the end of the previous month, with monthly electronic standard reporting schedules for each call campaign, call information made to Members, including but not limited to date and time of call, status (busy signal, in person, answering machine, etc.), call attempts, transfer/routed to third party, etc. Contractor shall provide via e-mail by 8:00 am from Monday through Friday Daily Reports (Data Report / Call Completion Report) for each voice blast campaign to allow immediate review, analysis, and outcome feedback of voice blast activities by CHP.
8.0	Voice Blast Monitoring and Evaluation	Evaluate Voice Blast Activity on a monthly basis for the first 6 months and quarterly thereafter to determine the extent to which performance standards and measures have been met.	On the basis of activity reports provided by Contractor and review of other available information, e.g. encounter data, monitor Contractor's actual performance against required performance.	Maintain sufficient documentation to permit comparison of actual performance to required performance under the terms of this Agreement. Contractor shall fully cooperate and allow CHP access to such records in accordance with the Records and Audit Paragraph of the Agreement.

EXHIBIT B-2

BILLING AND PAYMENT

County shall compensate Contractor for a) twenty-four hour telephone answering support and b) outbound voice blast services provided to the County's Health Maintenance Organization known as the Community Health Plan (CHP) at the rate set fourth and shall be the sole consideration paid to Contractor in accordance with the procedures described below.

1. BILLING STATEMENT: Contractor shall bill County in arrears for each month during the term of the Agreement. All billing statements shall clearly state and provide reasonable detail of the services for which claim is made. Billing statements shall be itemized and all-inclusive of the billing cycle and shall include the Agreement number.

A. Twenty-four Hour Telephone Answering Support Services

1) Contractor shall bill County on a monthly basis One Hundred Dollars (\$100) for the weekly batch transfer of data files via File Transfer Protocol (FTP) and daily transmission via e-mail of call detail reports in Microsoft Word format.

2) Contractor shall bill County for live agent call processing services at the rates associated with the commitment level selected by County.

Commitment Level/Monthly Rate	\$6,000.00
Number of Calls Included	3,600
Charges for Each Excess Call	\$1.60
Effective Rate (@2.4 minutes/call)	\$0.667

Rates are subject to change if the County changes the application such that the average call process time changes by more than 10%.

3) Contractor shall bill County Eighty Five Cents (\$0.85) for all outbound calls initiated by Contractor on behalf of the CHP.

4) Contractor shall use County provided interpreter services for translating calls that require languages other than English or Spanish and shall bill County Fifteen Cents (\$0.15) per minute for automated voice response services used to provide caller with a menu of options, including selecting their language, or for delivering County customized messages in announcement form to callers.

B. OUTREACH PROGRAM OUTBOUND VOICE BLAST SERVICES

1) Contractor shall bill County Three Thousand Dollars (\$3,000) for one-time Interactive Voice Response (IVR) implementation fee.

2) Contractor shall bill County One Hundred Fifty Dollars (\$150) for monthly IVR maintenance fee.

3) Contractor shall bill County for each completed voice blast call made to Members using the following monthly minimum commitment and usage call volume levels:

Commitment Usage Level / Monthly Rate (includes 6,250 completed calls)	\$1,000
Charges for each excess call over the commitment usage level up to 10,000 completed calls	\$0.16 / call
10,001 to 50,000 completed calls	\$0.14 / call
50,001 + completed calls	\$0.11 / call

As used herein, "Completed Call" is defined as calls connected and delivered to either an individual or an answering machine, or both, regardless whether the individual opted to stop the broadcast message.

4) Contractor shall bill County a fee of One Hundred Twenty Dollars (\$120.00) per hour for additional voice recordings post implementation of the voice blast system. This cost includes any applicable language translation services as may be required to record broadcast scripts.

5) Contractor shall bill County One Hundred Dollars (\$100) per hour for required additional programming to implement additional and/or changes in campaign calls as determined by CHP. All programming specifications, prior to starting the task, shall be mutually agreed by both parties.

2. PAYMENTS: County shall pay Contractor following its usual and customary payment practices and will pay Contractor no later than thirty (30) days following receipt of a complete and correct claim from Contractor.

Submission of incorrect billing by Contractor may result in delayed payment by County.

3. BILLING ADDRESS: Contractor's claims for payment under the Agreement must be forwarded to the following address:

OFFICE OF MANAGED CARE/COMMUNITY HEALTH PLAN
1000 South Fremont Avenue
Building A-9 East, 2nd Floor, Unit 4
Alhambra, California 91803-8859
Attention: Finance Division

4. NON-PAYMENT FOR SERVICES FOLLOWING EXPIRATION /TERMINATION OF AGREEMENT: Contractor shall have no claim against County for payment of any money or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Should Contractor receive such payment it shall immediately notify County and shall

immediately repay all such funds to County. Payment by County for services rendered after expiration/ termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.